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ABSTRACT

This Kids Count report examines trends in the well being of Tennessee's children. The statistical portrait is based on 23 indicators of child well being: (1) single-parent families; (2) family income/poverty; (3) children receiving Aid to Families with Dependent Children (AFDC); (4) student participation in school nutrition programs; (5) child abuse and neglect rate; (6) children referred to juvenile courts; (7) child commitment rate to state care/custody; (8) enrollment in state health insurance program; (9) prenatal care rate; (10) low-birthweight rate; (11) infant mortality rate; (12) child death rate; (13) teen pregnancy rate; (14) court referrals for drug-related offenses; (15) teen HIV/AIDS incidence; (16) teen sexually transmitted disease rate; (17) teen violent death rate; (18) immunization completion rate; (19) child care spaces; (20) academic achievement; (21) firearm-related school expulsions; (22) high school dropout rate; and (23) students receiving special education. Following an executive summary, the data are presented in three sections. Section 1 indicates that single-parenthood is a growing trend, child poverty was 26 percent of all children, and there were declines in the percent of children in families receiving AFDC and juvenile court referrals. Section 2 identifies the immediate benefit of TennCare providing health insurance to previously uninsured children, and reports improvements in prenatal care, vaccine completion, infant and child mortality, and teen pregnancy. Section 3 provides results of mandated achievement testing programs, and reports reductions in the dropout rate but significant increases in firearm-related school suspensions. Each section delineates county and statewide data for most indicators. (KB)

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Kids Count

The State of the Child In Tennessee 1995

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Tennessee KIDS COUNT The State of the Child in Tennessee, 1995

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Executive Summary

Kids Count: The State of the Child in Tennessee is the most comprehensive report on the health, education, social, and economic indicators of child well-being in the state. The Kids Count Project is a national and state-by-state effort to track the status of children in the United States. By providing policy makers and citizens with benchmarks of child well-being, Kids Count seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children.

In Tennessee, the Kids Count Project is administered by the Tennessee Commission on Children and Youth, an independent state agency. The primary mission of the commission is advocacy for improvements in the quality of life for Tennessee children and families.

Tennessee is one of 50 state grantees that have received funding for the Kids Count Project from the Annie E. Casey Foundation, the nation's largest philanthropy devoted exclusively to disadvantaged children. The Casey Foundation's goal is to improve family and community environments that shape young people's health, development, education, opportunities and aspirations. The foundation was established by the founders of United Parcel Service and is based in Baltimore, Maryland.

At the national level, the principal activity of the Kids Count initiative is the publication of the annual *Kids Count Data Book: State Profiles of Child Well-Being*. The report measures the educational, social, economic and physical well-being of children. The Casey Foundation also funds the state-level Kids Count projects to get more detailed information to provide a community-by-community picture of the condition of children.

The most current available data were used in *The State of the Child* report. Data were collected from various publications, raw data generated by other Tennessee state departments or agencies, the U.S. Census Bureau, and other sources of information on children. Narratives on each child well-being indicator were developed to provide a context for the statistics. The data and other information in this publication reveal important facts of life for Tennessee's children. The major findings follow.

MAJOR FINDINGS

Families and Communities

Children in Single-Parent Families

One in four Tennessee families with children is headed by a single parent. Nationally, Tennessee ranks third worst in the percent of families headed by a single parent. Only Mississippi and Louisiana rank worse than Tennessee.

Single-parenthood has become a growing trend in Tennessee. From 1985 to 1992, there has been a 33% increase in the percent of families with children headed by a single parent. In 1985, 22.3% of families were headed by a single parent, compared to 29.7% in 1992. Two trends are largely responsible for the state's growing number of children living in single-parent families: the rising nonmarital birth rate; and high divorce rate.

Tennessee's nonmarital birth rate increased 252% from 1962 to 1994. An analysis of the data by race shows the white nonmarital birth rate has increased 590% during this time period. The nonmarital birth rate for other races increased 132% from 1962 to 1994. The nonmarital birth rate in 1962 for all races was 9.5%; the white rate was 3.1%; and the non-white rate was 32.1%. In 1994, the nonmarital birth rate for all races rose to 33.4%; the white rate increased to 21.4% and the nonwhite rate was 74.6%.

The state's high divorce rate is a contributing factor to the high percentage of children living in single-parent families. Tennessee's divorce rate of 6.8 per 1,000 is about 40% higher than the national rate of 4.8 per 1,000 in 1992 - the most recent year reported by the Statistical Abstract of the United States. Only three other states have higher rates than Tennessee - Wyoming (6.9 per 1,000), Oklahoma (7.3 per 1,000) and Arkansas (7.7 per 1,000).

Families with only one parent present in the home are more likely than two-parent families to be poor, especially if the lone parent is the mother. Nationally, the 1991 poverty rate for single-parent families headed by mothers was almost six times higher than the rate for married-couple families with children.

Child Poverty

Children are the poorest of the poor in Tennessee. The poverty rate for all Tennesseans was 17% in 1992, while the child poverty rate was 26%. Nationally, poverty among children reached its highest level in 30 years during 1993 with 22.7% of all children living in poverty. Tennessee ranks 46th worst nationally on the percent of children in poverty.

AFDC

There has been a 14% reduction from 1993 to 1995 in the percent of children receiving AFDC. During FY 1994-95, 179,461 children received benefits, compared to FY 1992-93 when 209,432 children received benefits.

Tennessee's average monthly AFDC payment is 61% lower than the national average. Only Alabama and Mississippi have lower benefits than Tennessee. The national average for an AFDC payment for a family of three is $473.66 per month, while Tennessee's maximum is $185 per month for a family of three.

Free- and Reduced-Price Lunch Program Participants

There has been a slight increase in the percent of students participating in the government-subsidized School Lunch Program. In the 1993-94 school year, 48% of the students participating in the program received lunch at free or reduced prices compared to 49% in 1994-95. According to assessments by state directors of child nutrition programs, the current recession is a significant factor in the increase in student participation.

Child Abuse

Every day in 1995, nearly 100 children were reported neglected or abused in Tennessee. The state's indicated child abuse and neglect rate has been too high, but relatively stable in recent years with the exception of a 7% increase from 1993 to 1994. In 1993, the rate was 9.1 per 1,000 compared to the 1994 rate of 9.7 per 1,000. Family members are the perpetrators of most child abuse. In 1994, 85.1% of the perpetrators of child abuse were parents, stepparents, grandparents, siblings, other relatives, or adoptive parents.

Juvenile Court Referrals

The percentage and number of Tennessee children referred to juvenile courts has decreased since last year's Kids Count: *The State of the Child in Tennessee* was printed. The number of referrals for illegal conduct has increased considerably, while referrals for offenses against persons, offenses against property, and non-offenses, decreased slightly. The number of referrals for violation proceedings increased significantly from 1992 to 1994. Illegal offenses include referrals for various activities such as weapons possession, drug offenses, gambling and driving under the influence. Offenses against persons include homicide, assault, robbery, and rape. Offenses against property include burglary, larceny, and vandalism.

Children in State Care or Custody

New commitments to state custody have been relatively stable over the past six years. Only one year, 1994, had more commitments than 1990. There were 9,207 commitments in 1990 and 9,501 in 1994.

One explanation for the relatively stable commitment rate in the 1990s is that Tennessee state government began more concerted efforts in 1991 to provide prevention and early intervention services. It is projected that if the growth in commitments had continued at the same rate without intervention services, there would have been a 6% increase in commitments each year. This means that there could have been 12,076 commitments in 1995 instead of 8,969.

Although the commitment rates have been stable, children are staying in placements for longer periods of time. A comparison of children in state custody and care at the end of FY 1991 and FY 1995 shows a 34% increase. On June 30, 1991, there were 9,114 children in state custody and care, compared to 12,258 on June 30, 1995.

Health

TennCare

The immediate benefit of TennCare for children is that thousands of children who had no health care coverage are now covered by TennCare. As of January 1996, 53,393 children ages birth to 13 who were not eligible to be covered under Medicaid are covered by TennCare. Additionally, 255,184 females aged 14 to 44 - roughly childbearing age - now have medical coverage and greater access to prenatal care.

Prenatal Care and Low Birth Weight

Tennessee's prenatal care indicator shows continued improvement. In 1992, 32.5% of all births did not have adequate prenatal care, while in 1994, 28.7% of births did not have adequate prenatal care.

A consequence of a mother's failure to get prenatal care is prematurity or low birth weight - less than 5.5 pounds. Low birth weight is a major determinant of infant death. In 1994, 8.8% of Tennessee babies were born weighing less than 5.5 pounds. Nationally, the rate in 1992 - the most current national figure available - was 7.1%.

Childhood Immunizations

Tennessee's 1994 vaccine completion rate for two-year olds improved 9% from 1993 to 1994. The 1993 rate was 72% compared to 78.6% in 1994. The immunization rate was for the basic 4:3:1 series: 4 doses of diptheria-pertussis-tetanus; 3 doses of oral polio vaccine; and 1 dose of measles-mumps-rubella. According to the results of the 1994 National Immunization Survey, Tennessee ranks 31st nationally in estimated vaccination coverage among children aged 19 to 36 months.

Infant Mortality

Fewer infants are dying in Tennessee. The state infant mortality rate has declined 52% from 1973 to 1994. In 1973, the infant mortality rate was 20.3 per 1,000 and the 1994 rate was 8.9 per 1,000. This downward trend in the infant mortality rate is accelerating.

Child Deaths

Tennessee's child death rate declined 23% between 1980 and 1994. The rate in 1980 was 44 per 100,000, compared to 34.1 per 100,000 in 1994. The leading cause of child deaths is accidents. Twenty-five per cent of all child deaths resulted from motor vehicle accidents.

Although there have been improvements in the state's child death rate, it still lags behind the national child death rate of 28.8 per 100,000 children aged 1 to 14 in 1992.

Teen Pregnancy

The 1994 teen pregnancy rate declined 14% since 1990 for teens aged 15-17. The 1990 rate was 63.4 per 1,000 compared to 54.7 in 1994. For the intervening years, there has been a progressive trend toward a lower teen pregnancy rate in Tennessee. The state ranks 36th nationally in the number of births to unmarried teens aged 15-19.

Drug Abuse

There has been a 12% overall increase in juvenile court referrals for illegal drug offenses from 1991 to 1994. The greatest increase from 1991 to 1994 was for possession of controlled substances. Referrals for this offense increased 204% between 1991 (367 referrals) and 1994 (1,116 referrals). The second greatest increase from 1991 to 1994 was a 71% increase in the sale of controlled substances. There were 707 referrals for sale of controlled substances in 1991 and 1,206 in 1994.

HIV/AIDS

AIDS is spreading more rapidly among young adults in Tennessee than across the nation as a whole, according to the Tennessee Department of Health. State records show 25% (886 cases) of the cumulative reports of persons with AIDS in Tennessee (3,487 cases) were aged 20-29 at the time of their diagnosis. The national average is 19%. It is likely that many of these young adults became infected with HIV as teens since it takes seven to ten years for someone infected with HIV to develop an AIDS-related condition. Teens who are sexually active and use alcohol and drugs are at increased risk for HIV infection.

Sexually Transmitted Disease Rate for Teens

The sexually transmitted disease (STD) rate for teens in Tennessee increased 11% from 1993 to 1994. The rate in 1993 was 2,092 per 100,000 compared to 2,326 in 1994. This occured after a dramatic 23% decline in the rate from 1992 to 1993. The rate in 1992 was 2,158.8 per 100,000.

Some STDs can be easily cured, if treated at an early stage. If not treated early, STDs can cause infertility. The consequences for the infected person with a noncurable, viral STD include cancer, cirrhosis, and immune system disorders.

Teen Violent Deaths

Teen violent deaths have increased 30% in the past decade for teens aged 15 to 19. In 1984, there were 253 violent teen deaths, compared to 330 in 1994. Violent deaths include motor vehicle accidents, suicides, and homicides.

The leading cause of teen violent deaths is motor vehicle accidents. Out of a total number of 407 deaths of all causes, approximately 55%, or 182 deaths, were due to motor vehicle accidents.

Firearm injuries were the second leading cause of teen violent deaths in 1994. Thirty-two percent, or 106 teen deaths, were firearm-related in 1994. In the past decade, there has been an increase of 152% in teen firearm deaths. In 1984, there were only 42 deaths from firearms compared to 106 in 1994.

Education

Tennessee Comprehensive Assessment Program (TCAP) Results

TCAP encompasses four types of mandated testing programs: a customized testing series in grades 2-8; a norm-referenced achievement test in grade 10; a writing assessment in grades 4, 8, and 11; and a competency test administered initially in grade 9.

Customized TCAP Achievement Test - Grades 2 Through 8

The customized TCAP combines a norm-referenced component with a criterion-referenced component. The norm-referenced component shows how the achievement of Tennessee students compares with that of students at the same grade level nationally. The criterion-referenced component measures how well students have mastered the language arts and math curriculum taught in Tennessee schools.

The 1995 results of the norm-reference component of TCAP showed that Tennessee students are performing within the average range compared to other students in the nation. Tennessee students' scores clustered in the 5th and 6th stanines. Stanine scores of 1, 2, and 3 are considered below average; 4, 5, and 6 are average; and 7, 8, and 9 are above average. The tested subject areas include science, social studies, study skills, language arts and math.

The 1995 results of the criterion-referenced component of TCAP showed that only 48% of Tennessee students in grades two through eight mastered grade-level math and language skills. These findings show that 52% of the tested students students are not mastering the required skills for their grade levels.

TCAP Competency Test Results - Grade 9

The TCAP Competency Test (TCAP/CT) assesses ninth-grade students' knowledge of Tennessee curriculum objectives in math and language arts. Passing the test is one requirement for getting a regular high school diploma. The TCAP/CT replaces the Tennessee Proficiency Test.

The results of the1995 administration showed that only 56% of ninth grade students satisfied the competency requirement for the TCAP/CT, compared to 76% of ninth grade students who passed both parts of the TPT in 1994. The TCAP/CT measures several new, higher skill objectives in both math and language. Although the passing score on each subtest is 70% for both TCAP/CT and the Tennessee Proficiency Test (TPT), the higher-level objectives of the TCAP/CT makes it a more difficult test than the TPT.

TCAP Writing Assessment Results - Grades 4, 8, and 11

The TCAP Writing Assessment provides a snapshot of student writing ability. The snapshot revealed that only 26% of the students who took the assessment scored in the average to high range, while 73% of the students scored in the average-to-low range, according to the results of the first statewide administration of the writing assessment in 1994.

The writing assessments were administered to all students in grades 4, 8, and 11.The writing assessment was scored holistically, focusing on the overall quality of the student essays. The scores are based on a holistic scale ranging from a low of 1.0 to a high of 6.0.

American College Test (ACT) Results

In 1995, Tennessee students' ACT composite score of 21.4 was 3% lower than the national average of 22.0. Comparing the state's average from 1994 to 1995, the average score declined 5%. The Tennessee students who took the test in 1994 made an average composite score of 21.5, compared to 21.4 in 1995.

The majority of college-bound students in Tennessee take the ACT for admission to public colleges and universities. Approximately 68% of Tennessee's college-bound students take the ACT, compared to an average of 37% of students nationwide.

Tennessee has one of the highest percentages of students taking the ACT compared to other states, according to ACT officials. Since a greater proportion of students take the ACT, the achievement level of the testing pool becomes more diverse and reduces the average scores to a lower level.

Scholastic Aptitude Test (SAT) Results

Tennessee's overall SAT scores for 1995 are considerably higher than the national average. In 1995, the Tennessee college-bound students who took the SAT scored 59 points higher on the verbal section than the national average and 61 points higher on the math section, compared to other students nationally. Most Tennessee students who take the SAT plan to attend an out-of-state or private college or univerisity.

Comparing the Tennessee SAT scores of 1994 and 1995, students who took the test in 1995 scored higher on both the verbal and math sections than those who took it in 1994. Using a score range of 200 to 800, the 1995 average score on the verbal section (497) was nine points higher than in 1994 (488). The math average score of 543 in 1995 was eight points higher than the average math score of 535 in 1995.

Only 12% of Tennessee students take the SAT compared to 41% of the nation's students. Since a low percentage of Tennessee students take the exam, the state's overall SAT averages tend to be higher than the national average.

High School Dropouts

Tennessee's dropout rate declined 25% from school year 1990-91 (6.3%) to 1994-95 (4.7%). In spite of the state's progress, Tennessee ranked 48th worst in the nation in percent of teens who are high school dropouts aged 16-19. Only Nevada and Louisiana ranked lower than Tennessee, according to the1995 *Kids Count Data Book*.

School Suspensions and Expulsions

Overall, suspensions for firearms skyrocketed 2,542% from 1982-83 to 1994-95. There were 19 suspensions for firearms in 1982-83 compared to 502 in 1994-95. Incidents of school suspensions have risen astronomically, with an increase of 1,036% from 1983 (11,794 suspensions) to 1995 (133,961 suspensions). In this 12-year period, there has been a trend each year toward an increase in school suspensions.

Overall, expulsions for firearms shot up 4,600% from 1982-83 to 1994-95. There were only four expulsions for firearms in 1982-83, compared to 188 in 1994-95. The number of students expelled has risen exponentially with a 1,170% increase from 139 expulsions in 1983 to 1,766 expulsions in 1995. Those reasons for expulsion that have significantly increased over time include: possession of a firearm or other dangerous weapon; absenteeism, tardiness, and truancy; fighting among students; and immoral, disreputable conduct.

Special Education

There has been a 22% increase in the number of students receiving special education services in Tennessee public schools from 1990-91 school year to 1994-95. During the 1994-95 school year, 171,832 children received special education services in the state's public schools - 18% of the total public school population.

Children with learning disabilities received 41% of the special education services. Services to children with speech impairments accounted for 15% of the services provided. Gifted children received 11% of the special education services provided in 1994-95.

Children aged two or younger also received special education services. In 1994, Tennessee Early Intervention Services (TEIS) provided services to 3,156 children. TEIS is an early intervention program which offers free service coordination and assessment for eligible children aged two or younger with developmental delays. TEIS targets children who were previously overlooked and are now being provided with services early in life, when intervention is especially effective.

Chapter 1
Family and Communities

"There can be hope only for a society which acts as one, big family, and not as many separate ones."

Anwar al-Sadat, 1918 - 1981

Single-Parent Families

Tennessee's Percentage of Children in Single-Parent Families 48th Worst in Nation

Tennessee ranked 48th worst nationally in the percent of families with children headed by a single parent in the *1995 Kids Count Data Book*. Only Mississippi and Louisiana ranked lower than Tennessee.

Two trends are largely responsible for the state's growing number of children living in single-parent families: the rising nonmarital birth rate and high divorce rate.

Tennessee's nonmarital birth rate increased 252% from 1962 to 1994. An analysis of the data by race shows the white nonmarital birth rate has increased 590% during this time period. The nonmarital birth rate for other races increased 132% from 1962 to 1994. The nonmarital birth rate in 1962 for all races was 9.5%; the white rate was 3.1%; and the non-white rate was 32.1%. In 1994, the nonmarital birth rate for all races rose to 33.4%; the white rate increased to 21.4% and the nonwhite rate was 74.6%.

The state's high divorce rate is a contributing factor to the high percentage of children living in single-parent families. Tennessee's divorce rate of 6.8 per 1,000 is about 40% higher than the national rate of 4.8 per 1,000 in 1992 - the most recent year reported by the Statistical Abstract of the United States. Only three other states have higher rates than Tennessee - Wyoming (6.9 per 1,000), Oklahoma (7.3 per 1,000) and Arkansas (7.7 per 1,000).

Child support is a financially distressing aspect of failed marriages. Nationally, it has been estimated that $34 billion in court-ordered child support has not been paid, according to M.J. White's August 14, 1995 *New York Times* story, "Collecting Child Support is a Federal Matter." There are 800,000 children on government assistance due to unpaid child support, White reports.

Single-parent families remain disadvantaged relative to two-parent families in economic status, health, and housing conditions. Children living with a never-married mother are the most economically disadvantaged of children, reports Bianchi in the 1995 publication *Single-Parent Families: Diversity, Myths and Realities*.

The poverty rate for single-parent families headed by mothers (46%) was almost six times higher than the rate for married-couple families with children (8%) in 1991, as stated in the report. Children not living with both biological parents are also at risk of negative health, psychological, and educational outcomes.

The high divorce rate and rising nonmarital birth rate indicate that a record number of children are growing up without their fathers actively involved in their lives. For the first time in our history, the average child can expect to live a significant portion of his or her life in a home without a father, as reported in *Father Facts*. By some estimates, 55% to 60% of all

children born in the 1990s will spend part of their childhood in a fatherless home, according to *Father Facts.*

The impact of father absence on children can have far-reaching, negative effects. Vice President Al Gore said in a 1994 presentation at the National Summit on Fatherhood that children without fathers are:

- twice as likely to drop out of school;
- boys without fathers are more prone to violence;
- girls without fathers are more prone to have children out of wedlock - starting the cycle all over again.

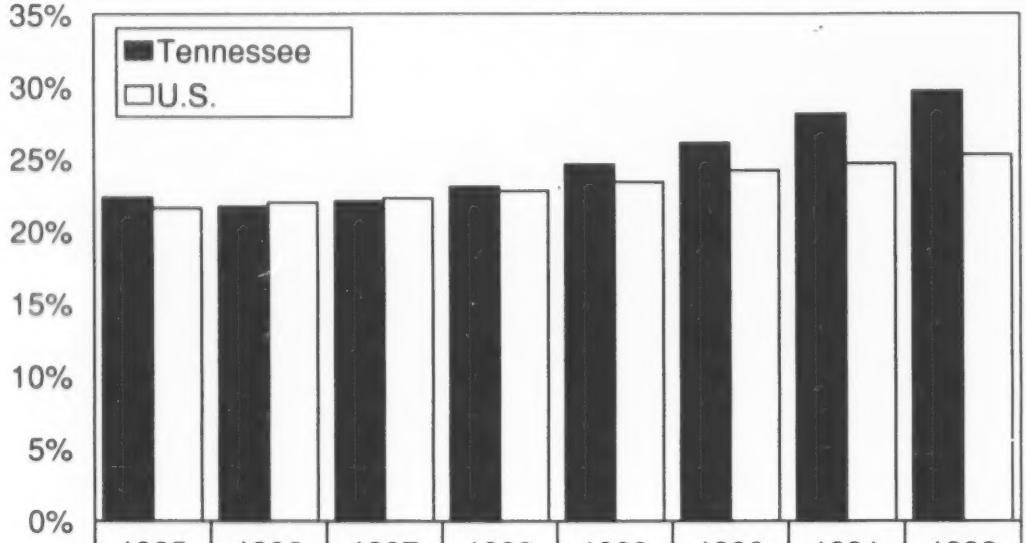
A national study on nontraditional families that looked at 17,000 children and controlled for age, sex, race, maternal employment and family income, reported unsettling findings in an article from the July 5, 1990 *Wall Street Journal.* The study found that compared to children living with both biological parents, children living with a divorced mother only or a parent and a stepparent were:

- 20 to 30 times more likely to have an accident;
- 40% to 70% more likely to repeat a grade in school; and
- 70% more likely to be expelled from school.

Fathers also play a particularly important role in preventing drug use. A 1988 UCLA study reported that although mothers are more active than fathers in helping their children with personal problems, the father's involvement is more important with regard to youthful drug use. Among families with strict fathers, only 18% of children used alcohol or drugs, compared to 35% of children who use drugs frequently and were from homes headed by single mothers, reports Hewlett in the 1991 publication, *When the Bough Breaks: The High Cost of Neglecting Our Children.*

Percent of Families with Children Headed By A Single Parent

Eight-Year Comparison Between Tennessee and the U.S. Average



	1985	1986	1987	1988	1989	1990	1991	1992
Tennessee	22.3%	21.7%	22.1%	23.1%	24.6%	26.1%	28.1%	29.7%
U.S.	21.6%	22%	22.3%	22.8%	23.4%	24.2%	24.7%	25.3%

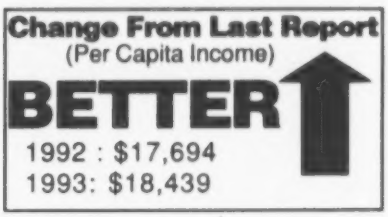
Source: Casey Foundation, (1995). Kids Count Data Book: State Profiles of Child Well-Being, 1995.

Poverty/Income

Tennessee Children Are Poorest of Poor

The poverty among American children reached its highest level in 30 years during 1993 with 22.7% of all children living in poverty.

Children are the poorest of the poor in Tennessee. Figures from the Current Population Survey show that the poverty rate for all Tennesseans was 17% in 1992, while the child poverty rate was 26% in 1992, according to the 1995 *Kids Count Data Book: State Profiles of Child Well-Being.* The publication ranked Tennessee 46th worst in the nation in percent of children who live in poverty.



The percent of children in poverty is a measure for the current and future risk to children's well-being. Current risks include lack of access to basic goods and services and unsafe environments. Future risk to children's well-being include adverse outcomes in young adulthood such as dropping out of school and teen pregnancy.

Research findings show that children living in poverty do worse than children who are not poor in terms of their health, social and intellectual development, behavior problems, and delinquency. Key findings from research showed that compared to children who are not poor, children living in poverty:

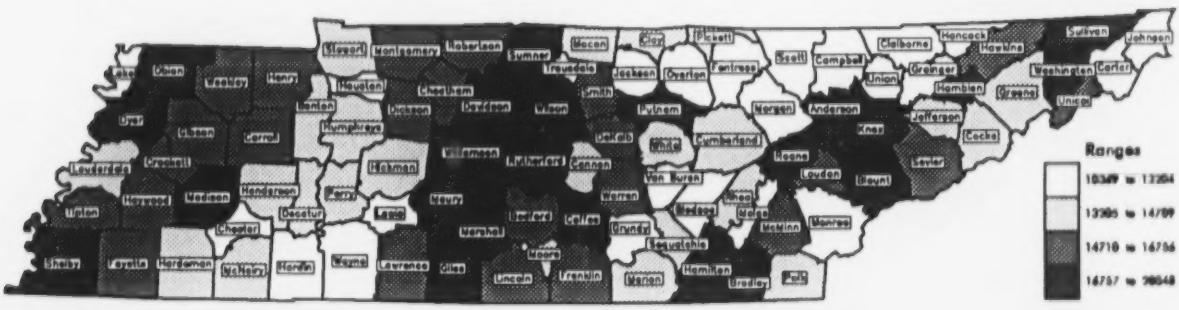
- are more likely to be malnourished;
- are less likely to be immunized against childhood diseases, to have a regular health care provider, or to have regular physician visits;
- are 1.6% more likely to exhibit behavior problems;
- are three times more likely to drop out of school; and
- are five and a half times more likely to become teen mothers.

The problem of low-income areas of Tennessee is seen in 16 counties with per capita personal incomes less than $12,500. Eight of the 16 low-income counties are located in East Tennessee, either bordering or close to Kentucky's border. Middle Tennessee had six counties in this low income category and West Tennessee had two.

On the positive side, Tennessee's per capita personal income has risen at a higher rate than the rest of the nation. The state's per capita personal income rose 5.7% from 1993 to 1994. Tennessee's per capita income is only 89% of the national average, according to a report released by the Bureau for Economic Analysis. Since 1985, however, there has been a steady improvement in Tennessee's position relative to the nation when the income of the average person in Tennessee was only 81% of the national average, according to the Tennessee State Data Center.

Tennessee ranks fifth highest in per capita income among the 12 southeastern states. Nationally, the state ranked 36th in 1994.

Per Capita Personal Income by County, 1993



County	Per Capita Income* In Dollars
Anderson	19,076
Bedford	16,196
Benton	14,704
Bledsoe	12,278
Blount	16,941
Bradley	17,499
Campbell	12,285
Cannon	14,432
Carroll	15,297
Carter	13,101
Cheatham	15,204
Chester	12,108
Claiborne	12,935
Clay	13,780
Cocke	13,847
Coffee	18,139
Crockett	15,653
Cumberland	13,522
Davidson	23,655
Decatur	13,476
DeKalb	16,199
Dickson	16,039
Dyer	17,096
Fayette	14,759
Fentress	13,100
Franklin	15,026
Gibson	16,193
Giles	16,816
Grainger	12,393
Greene	14,606
Grundy	12,304
Hamblen	16,844
Hamilton	21,230

County	Per Capita Income* In Dollars
Hancock	10,369
Hardeman	13,404
Hardin	12,800
Hawkins	14,876
Haywood	14,859
Henderson	14,449
Henry	15,963
Hickman	13,290
Houston	12,417
Humphreys	14,709
Jackson	13,196
Jefferson	14,298
Johnson	10,440
Knox	20,534
Lake	12,466
Lauderdale	13,399
Lawrence	15,557
Lewis	13,204
Lincoln	15,381
Loudon	16,756
McMinn	15,046
McNairy	14,255
Macon	14,264
Madison	17,920
Marion	14,415
Marshall	18,140
Maury	17,275
Meigs	12,633
Monroe	13,127
Montgomery	15,249
Moore	14,053
Morgan	11,375
Obion	17,590

County	Per Capita Income* In Dollars
Overton	12,374
Perry	13,661
Pickett	13,625
Polk	14,289
Putnam	16,921
Rhea	13,324
Roane	16,782
Robertson	16,070
Rutherford	18,498
Scott	12,200
Sequatchie	13,716
Sevier	16,490
Shelby	21,439
Smith	15,416
Stewart	13,409
Sullivan	18,289
Sumner	18,469
Tipton	15,143
Trousdale	12,287
Unicoi	15,421
Union	11,820
Van Buren	10,718
Warren	15,353
Washington	17,759
Wayne	12,417
Weakley	14,877
White	13,799
Williamson	28,048
Wilson	18,549
Tennessee	**18,439**
U.S.A.	**20,800**

Source: U.S. Department of Commerce, Bureau of Economic Analysis.

* Per capita personal income includes the income that is not taken into account by U.S. Census per capita personal income report.

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AFDC

State's AFDC Payments 61% Lower Than National Average

Fewer children have received AFDC benefits since 1993 in Tennessee. The most current statistics show that 14% fewer children received AFDC payments in FY 1994-95 when 179,461 children received benefits compared to FY 1992-93 when 209,432 children received benefits.

Eligibility for AFDC requires that children be dependent due to their having an absent, unemployed, incapacitated, or deceased parent. Nine in ten of the children are classified as dependent because of an absent parent, according to a survey of recipients reported in the AFDC 1995 Case Characteristics Study.

In 1995, Tennessee had 95,509 AFDC families, representing 252,851 people, according to the survey. It was reported that the average AFDC family had 2.6 members, was headed by a 32 year-old woman, with one or two children whose ages tended to range between 4 to 9. One third of the mothers were under 18 at the birth of the first child. The median length of time they received AFDC was 36 months. Only one caretaker in seven received child support.

Change From Last Report:

BETTER

1994: 15.8 percent
1995: 14.2 percent

A family cannot qualify for an AFDC grant unless its income is below the standards set by the state. The amount of aid provided to a family is based on the difference between its maximum net income and the "standard of need." The state's standard of need is determined by the Tennessee Department of Human Services and, subsequently, approved by the Tennessee General Assembly. The last adjustment to the standard of need in Tennessee was in July, 1995.

Tennessee's benefits for a family of three in 1995 have decreased 5% since 1991. The monthly benefit levels were reduced from $195 in 1991 to the current $185 for a family of three.

Nationally, Tennessee ranked 42nd worst on its 1994 need standard for a family of three, as reported in an analysis of 1994 AFDC benefit levels produced by the Center on Social Welfare Policy.

Tennessee's average monthly AFDC payment is 61% lower than the national average. Only Alabama and Mississippi have lower benefits than Tennessee, according to a July, 1994 comparison of AFDC benefits for a family of three. The national average for an AFDC payment for a family of three is $473.66 per month, while Tennessee's maximum is $185.00.

To help AFDC caretakers become self-sufficient, legislation provides for education and training programs. The 1988 Family Support Act requires the state to provide matching monies to fund education and training programs. Currently, the state has three programs for the caretakers of AFDC families - JOBSWORK, Fresh Start, and Unemployed Parents. The JOBSWORK program is available statewide, but Fresh Start and Unemployed Parents are not available in all Tennessee counties.

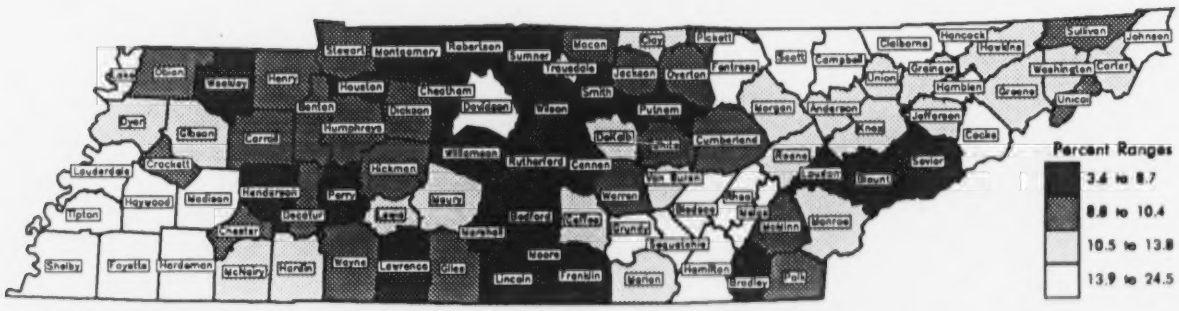
JOBSWORK is a voluntary education, training, and employment program. A February, 1995 study by the University of Memphis found that of the 5,000 people who completed JOBSWORK, their average wage is $6.39 per hour. After 24 months on the program, 75% were off welfare and 59% were off food stamps.

The study on JOBSWORK found that the welfare-to-work program is cost effective. It was reported that Tennessee has had a budget savings of over $6 million as a result of its JOBSWORK program. For every $1.00 spent in the program, an average of $2.13 was returned to the state in AFDC and food stamps savings, and in state and local taxes. Twenty percent of Tennessee's welfare parents now work, according to November, 1995 information on Families First. This is two times the national rate.

The majority of children who receive AFDC in the state live in the counties with major metropolitan areas. Knox, Hamilton, Davidson, and Shelby Counties are home to 57% of children on AFDC. Thirty-two percent of the children receiving AFDC benefits live in Shelby County.

Percent of Children Receiving AFDC

Monthly Average, Fiscal Year 1995



County	AFDC Number	AFDC Percent
Anderson	1,928	11.8
Bedford	709	8.7
Benton	329	10.0
Bledsoe	358	15.5
Blount	1,708	8.3
Bradley	1,332	7.1
Campbell	1,927	22.3
Cannon	214	7.9
Carroll	584	9.0
Carter	1,283	11.5
Cheatham	562	6.4
Chester	292	9.1
Claiborne	1,066	16.0
Clay	168	10.7
Cocke	1,238	18.1
Coffee	1,210	11.1
Crockett	321	10.3
Cumberland	783	9.2
Davidson	23,779	18.9
Decatur	210	9.3
DeKalb	401	11.8
Dickson	976	9.0
Dyer	1,210	13.3
Fayette	1,239	16.8
Fentress	548	15.1
Franklin	750	8.7
Gibson	1,248	11.5
Giles	633	9.5
Grainger	515	12.6
Greene	1,399	11.1
Grundy	674	19.6
Hamblen	1,765	14.5
Hamilton	10,683	15.6

County	AFDC Number	AFDC Percent
Hancock	386	24.3
Hardeman	1,305	19.9
Hardin	742	12.9
Hawkins	1,342	12.9
Haywood	1,060	19.8
Henderson	443	8.4
Henry	631	10.4
Hickman	403	9.6
Houston	121	7.3
Humphreys	348	9.1
Jackson	185	9.2
Jefferson	819	11.0
Johnson	446	15.2
Knox	10,074	12.6
Lake	323	23.3
Lauderdale	1,371	21.5
Lawrence	634	6.6
Lewis	249	11.0
Lincoln	576	7.8
Loudon	571	7.5
McMinn	1,011	9.9
McNairy	715	13.4
Macon	383	9.4
Madison	3,514	16.4
Marion	807	12.5
Marshall	438	7.5
Maury	1,761	11.5
Meigs	299	15.4
Monroe	1,039	13.2
Montgomery	2,346	7.8
Moore	56	4.9
Morgan	520	12.0
Obion	760	10.2

County	AFDC Number	AFDC Percent
Overton	416	10.2
Perry	112	6.8
Pickett	102	9.7
Polk	283	9.3
Putnam	850	6.7
Rhea	1,035	17.3
Roane	1,160	11.2
Robertson	914	7.4
Rutherford	2,039	5.2
Scott	950	18.9
Sequatchie	325	14.1
Sevier	1,020	7.6
Shelby	58,661	24.5
Smith	261	7.3
Stewart	198	9.0
Sullivan	3,128	10.0
Sumner	1,537	5.0
Tipton	1,919	15.4
Trousdale	156	11.0
Unicoi	334	9.9
Union	529	13.8
Van Buren	126	10.9
Warren	802	9.8
Washington	2,197	10.7
Wayne	345	9.9
Weakley	547	7.2
White	451	9.3
Williamson	990	3.6
Wilson	1,241	6.0

Tennessee	**180,352**	**14.2**

Source: Administrative Review Section, Tennessee Department of Human Services.
Note: Percent is based on the 1995 population estimates made by the Department of Sociology, University of Tennessee, Knoxville. The state average is not necessarily the sum of the county averages.

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Nutrition

School Lunch Essential To Nutrition of Low-Income Children

Proper nutrition is essential for cognitive development, academic achievement, and later productivity in the workforce, according to a large and growing body of research. "Children who experience chronic hunger and nutrient inadequacies are not able to learn effectively, and to acquire the knowledge and skills they must have to function successfully in the workforce and economy of the 21st century," according to Larry Brown, director of the Center on Hunger, Poverty and Nutrition Policy at Tufts University.

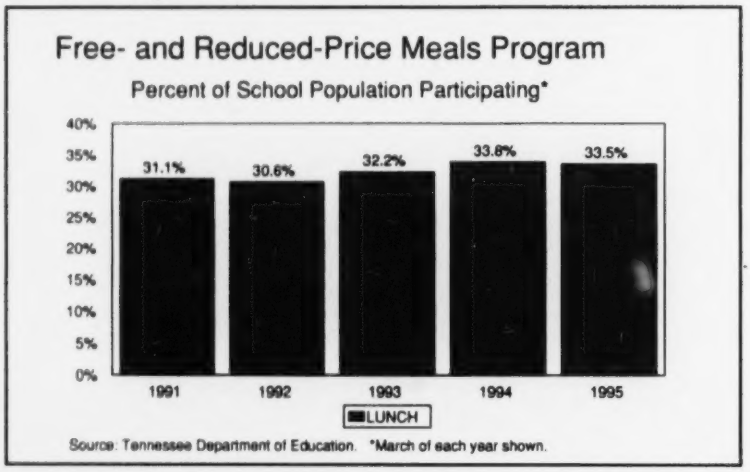
Change From Last Report:
Little Change
1993-94: 33.8 percent
1994-95: 33.5 percent

Undernutrition costs far more than the "diminished well-being of youngsters during childhood. By robbing children of their natural human potential, undernutrition results in lost knowledge, brain power and productivity for the nation. The longer and more severe the malnutrition, the greater the likely loss and the greater the cost to our country," as stated in the 1994 Tufts study, *The Link Between Nutrition and Cognitive Development in Children.*

Undernutrition during any period of childhood can have detrimental effects on the cognitive development of children and their later productivity as adults. In ways not previously known, undernutrition impacts the behavior of children, their school performance, and their overall cognitive development. These findings are extremely sobering in light of the existence of hunger among millions of American children, according to the study.

Even short-term nutritional deficiencies can "influence children's behavior, ability to concentrate, and to perform complex tasks. Deficiencies in specific nutrients, such as iron, have an immediate effect on the ability to concentrate. Child hunger, defined by inadequate nutrition intake during the early years, is capable of producing progressive handicaps - impairments which can remain throughout life," according to the Tufts study.

Research by the U.S. Dairy Association on the National School Lunch Program shows that children who participate in the lunch program have "superior nutritional intake compared to those who do not. Studies also show that low-income children depend on the School Lunch Program for one-third to one-half of their nutritional intake each day. These findings indicate that this program is highly significant insofar as protecting the nutritional status of most participating low-income children."



In Tennessee, there has been a slight increase in the percent of students participating in the free- or reduced-price lunch program. In the 1993-94 school year, 48% of the students participating in the School Lunch Program received lunch at free or reduced prices, compared to 49% in 1994-95. This means 2,852 more students got lunches at free or reduced prices in 1994-95 compared to 1993-94.

According to assessments by state directors of child nutrition programs, the current recession is a significant factor in the noticeable increase in student participation.

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Percent of Students Participating in School Lunch Programs Who Received Lunch at Free or Reduced Prices, 1994-1995

School District	Number	Percent	School District	Number	Percent	School District	Number	Percent
ANDERSON CO	2,193	49.0	BRADFORD	169	53.0	SWEETWATER (K-8)	506	52.0
CLINTON (K-6)	326	45.0	GIBSON CO. SPEC.	0	0.0	MONTGOMERY CO	6,039	52.0
OAK RIDGE	655	34.0	GILES CO	1,325	40.0	MOORE CO	195	28.0
BEDFORD CO	1,422	34.0	GRAINGER CO	1,293	57.0	MORGAN CO	1,441	59.0
BENTON CO	968	44.0	GREENE CO	2,225	47.0	OBION CO	1,141	41.0
BLEDSOE CO	727	55.0	GREENEVILLE	533	41.0	UNION CITY	480	38.0
BLOUNT CO	2,476	35.0	GRUNDY CO	989	72.0	OVERTON CO	1,159	51.0
ALCOA	404	38.0	HAMBLEN CO	2,840	45.0	PERRY CO	392	46.0
MARYVILLE	568	24.0	HAMILTON CO	3,242	27.0	PICKETT CO	444	68.0
BRADLEY CO	2,024	38.0	CHATTANOOGA	8,994	65.0	POLK CO	725	54.0
CLEVELAND	1,229	41.0	HANCOCK CO	888	91.0	PUTNAM CO	2,235	38.0
CAMPBELL CO	3,074	66.0	HARDEMAN CO	2,550	68.0	RHEA CO	1,254	51.0
CANNON CO	554	38.0	HARDIN CO	1,400	55.0	DAYTON (K-8)	240	49.0
CARROLL CO	11	52.0	HAWKINS CO	2,252	49.0	ROANE CO	1,696	40.0
H.ROCK-BRUCETON	291	51.0	ROGERSVILLE(K-8)	201	39.0	HARRIMAN	618	49.0
HUNTINGDON	439	39.0	HAYWOOD CO	2,492	76.0	ROBERTSON CO	1,923	29.0
MCKENZIE	494	46.0	HENDERSON CO	863	40.0	RUTHERFORD CO	3,412	29.0
S. CARROLL	84	34.0	LEXINGTON (K-8)	232	31.0	MURFREESBORO (K-6)	1,189	30.0
W. CARROLL	395	49.0	HENRY CO	1,072	44.0	SCOTT CO	1,948	83.0
CARTER CO	2,881	66.0	PARIS (K-6)	543	51.0	ONEIDA	448	59.0
ELIZABETHTON	668	45.0	HICKMAN CO	966	46.0	SEQUATCHIE CO	765	55.0
CHEATHAM CO	1,179	28.0	HOUSTON CO	510	48.0	SEVIER CO	2,986	44.0
CHESTER CO	758	42.0	HUMPHREYS CO	869	37.0	SHELBY CO	4,559	22.0
CLAIBORNE CO	2,304	68.0	JACKSON CO	666	58.0	MEMPHIS	54,509	86.0
CLAY CO	674	66.0	JEFFERSON CO	1,592	41.0	SMITH CO	814	34.0
COCKE CO	2,390	70.0	JOHNSON CO	1,083	66.0	STEWART CO	602	44.0
NEWPORT (K-8)	153	33.0	KNOX CO	11,816	39.0	SULLIVAN CO	3,289	41.0
COFFEE CO	978	35.0	LAKE CO	543	62.0	BRISTOL	1,095	42.0
MANCHESTER (K-9)	353	39.0	LAUDERDALE CO	2,779	71.0	KINGSPORT	1,695	49.0
TULLAHOMA	795	34.0	LAWRENCE CO	2,233	41.0	SUMNER CO	3,008	23.0
CROCKETT CO	586	49.0	LEWIS CO	573	40.0	TIPTON CO	2,725	45.0
ALAMO (K-6)	216	54.0	LINCOLN CO	1,028	35.0	COVINGTON (K-8)	723	90.0
BELLS (K-6)	146	52.0	FAYETTEVILLE K-9	338	42.0	TROUSDALE CO	297	32.0
CUMBERLAND CO	2,483	49.0	LOUDON CO	1,217	38.0	UNICOI CO	768	48.0
DAVIDSON CO	22,582	59.0	LENOIR CITY	495	42.0	UNION CO	1,148	58.0
DECATUR CO	627	39.0	MCMINN CO	1,311	35.0	VAN BUREN CO	317	49.0
DEKALB CO	874	45.0	ATHENS (K-6)	560	42.0	WARREN CO	1,540	41.0
DICKSON CO	2,045	40.0	ETOWAH (K-8)	169	63.0	WASHINGTON CO	2,068	44.0
DYER CO	1,243	48.0	MCNAIRY CO	1,278	42.0	JOHNSON CITY	1,647	57.0
DYERSBURG	854	37.0	MACON CO	866	36.0	WAYNE CO	1,009	51.0
FAYETTE CO	2,845	84.0	MADISON CO	4,221	46.0	WEAKLEY CO	1,335	36.0
FENTRESS CO	1,432	72.0	MARION CO	1,420	41.0	WHITE CO	1,168	42.0
FRANKLIN CO	1,696	40.0	RICHARD CITY(K-8)	0	0.0	WILLIAMSON CO	783	10.0
GIBSON CO	535	31.0	MARSHALL CO	951	29.0	FRANKLIN (K-9)	539	33.0
HUMBOLDT	943	58.0	MAURY CO	2,699	35.0	WILSON CO	1,057	17.0
MILAN	553	34.0	MEIGS CO	666	58.0	LEBANON	841	41.0
TRENTON	509	48.0	MONROE CO	1,592	48.0	**TOTAL**	**264,846**	**49.0**

Source: Cumulative Analysis Report, School Nutrition Program, Tennessee Department of Education, April 1995.
Note: The number column represents number of students participating in free- and reduced-price lunch program. The percent column represents number of students getting free- or reduced-price lunches divided by the total number of students participating in school lunch programs.

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Child Abuse

12,007 Tennessee Children Abused or Neglected in '95

Every day in Fiscal Year 1995, nearly 100 children were reported abused or neglected in Tennessee. The horror of child abuse is that most perpetrators are family members. In 1994, 85.1% of the perpetrators of child abuse were family members including parents, stepparents, grandparents, siblings, other relatives, or adoptive parents.

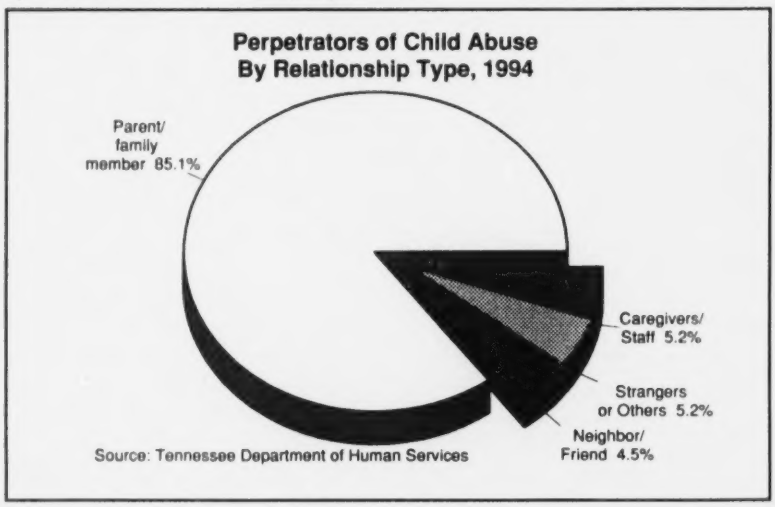
Child abuse and neglect occur when a child is mistreated, resulting in injury or risk of physical harm. Abuse can be physical, emotional, or sexual. The rate of indicated child abuse and neglect has increased 4% from 1993 to 1995. In 1993, the rate was 9.1 per 1,000 -10,116 cases - while in 1995 the rate was 9.5 per 1,000 or 12,007 cases.

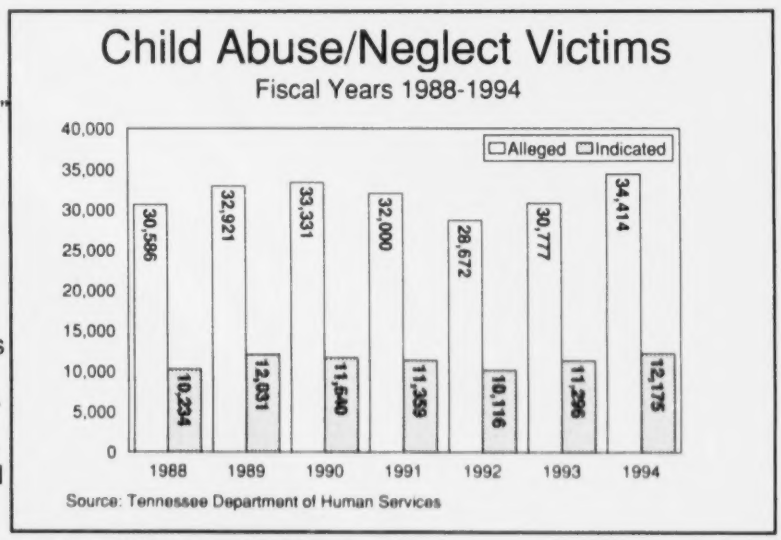
Change From Last Report:
WORSE
FY 1992-93: 9.1 per 1,000
CY 1994: 9.5 per 1,000

The finding that most of the perpetrators of child abuse are family members indicates that domestic violence is not just between adults. Official crime statistics tell the tales of battered babies and assaultive siblings as well as beaten wives.

Signs of abuse or neglect that may be seen in children are:

- they have repeated injuries that are not properly treated or adequately explained;
- they begin acting in unusual ways, ranging from disruptive and aggressive to passive and withdrawn;
- their sleep is disturbed (nightmares, bedwetting, and fear of sleeping alone);
- they lose their appetite or overeat;
- there is a sudden drop in school grades or participation in activities;
- they may act in stylized ways, such as sexual behavior that is not normal for their age group.


Perpetrators of Child Abuse
By Relationship Type, 1994
Parent/ family member 85.1%
Caregivers/ Staff 5.2%
Strangers or Others 5.2%
Neighbor/ Friend 4.5%
Source: Tennessee Department of Human Services



After an abuse report has been investigated by the Tennessee Department of Human Services (DHS), it is determined "indicated" or "unfounded." If the investigation concludes that an incidence of abuse occurred, the case is declared "indicated." If the investigation concluded that it did not occur, it is "unfounded."

If the report is declared "indicated," DHS arranges for services needed to protect and help the child. Services will also be arranged to help adults in the home so that the child may remain in the home, or, if the child has been removed, so that he or she can be safely returned to his or her home.

In FY 1995, 35,278 children were alleged to be abused or neglected in Tennessee. Of those, 12,007 were found to be indicated - a ratio that has not varied significantly for the past several years.

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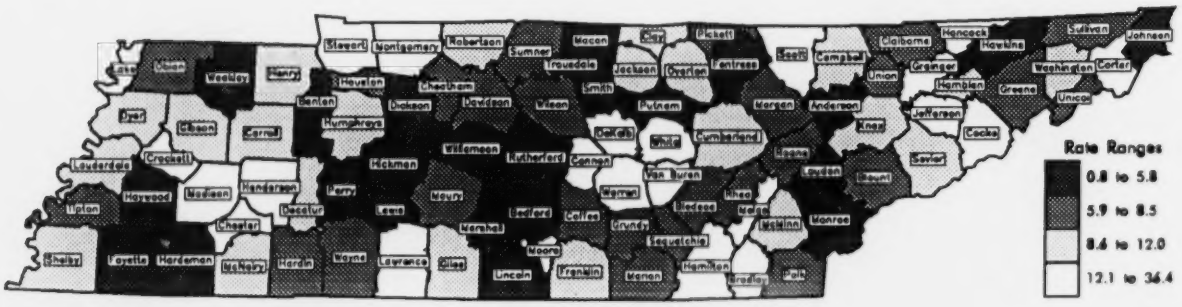
Indicated Child Abuse & Neglect Rate*, 1993-1994

Note: This rate is Per 1,000, NOT percent.



County	Child Abuse	
	Number	Rate
Anderson	88	5.4
Bedford	43	5.3
Benton	11	3.3
Bledsoe	19	8.2
Blount	173	8.5
Bradley	302	16.2
Campbell	87	10.0
Cannon	60	22.4
Carroll	59	9.1
Carter	137	12.2
Cheatham	70	8.2
Chester	63	19.6
Claiborne	44	6.6
Clay	17	10.7
Cocke	124	18.1
Coffee	69	6.4
Crockett	47	15.0
Cumberland	75	8.9
Davidson	1,055	8.5
Decatur	27	11.8
DeKalb	48	14.1
Dickson	55	5.2
Dyer	98	10.8
Fayette	6	0.8
Fentress	17	4.6
Franklin	88	10.2
Gibson	103	9.5
Giles	67	10.1
Grainger	64	15.6
Greene	79	6.3
Grundy	26	7.4
Hamblen	125	10.3
Hamilton	929	13.5

County	Child Abuse	
	Number	Rate
Hancock	49	30.5
Hardeman	18	2.7
Hardin	48	8.4
Hawkins	60	5.8
Haywood	7	1.3
Henderson	81	15.2
Henry	71	11.6
Hickman	17	4.1
Houston	14	8.5
Humphreys	46	12.0
Jackson	23	11.3
Jefferson	108	14.5
Johnson	10	3.4
Knox	834	10.5
Lake	23	16.2
Lauderdale	64	10.0
Lawrence	123	13.0
Lewis	9	3.9
Lincoln	9	1.2
Loudon	38	5.0
McMinn	99	9.6
McNairy	52	9.7
Macon	17	4.2
Madison	297	14.0
Marion	47	7.3
Marshall	22	3.8
Maury	108	7.2
Meigs	71	36.4
Monroe	39	5.0
Montgomery	522	17.7
Moore	23	19.7
Morgan	32	7.3
Obion	61	8.1

County	Child Abuse	
	Number	Rate
Overton	39	9.5
Perry	9	5.5
Pickett	7	6.6
Polk	20	6.5
Putnam	49	3.9
Rhea	44	7.3
Roane	90	8.5
Robertson	137	11.3
Rutherford	190	5.0
Scott	66	13.0
Sequatchie	18	7.8
Sevier	144	10.9
Shelby	2,808	11.8
Smith	12	3.4
Stewart	39	17.9
Sullivan	225	7.1
Sumner	197	6.5
Tipton	73	5.9
Trousdale	2	1.4
Unicoi	23	6.7
Union	32	8.4
Van Buren	27	22.9
Warren	105	12.8
Washington	203	9.9
Wayne	23	6.6
Weakley	43	5.7
White	77	16.0
Williamson	34	1.3
Wilson	122	6.0

Tennessee	**12,175**	**9.7**

Source: Tennessee Department of Human Services.

* Rate is based on the 1994 population estimates made by the Department of Sociology, University of Tennessee, Knoxville.

Court Referrals

New Data Gathering Method May Account For Slight Improvement In Some Categories

The percentage and number of Tennessee children referred to juvenile courts has decreased since last year's *Kids Count: The State of the Child in Tennessee* was printed. The number of referrals for illegal conduct has increased considerably, while referrals for offenses against persons, offenses against property, and non-offenses, decreased slightly. The number of referrals for violation proceedings increased significantly from 1992 to 1994.

Change From Last Report:
BETTER*
1992: 4.1 percent
1994: 4.0 percent
* 1994 data underreported compared to earlier years

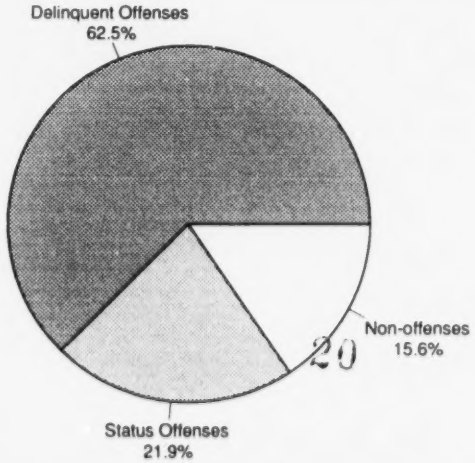
However, due to changes in the way the Tennessee Council of Juvenile and Family Court Judges (TCJFCJ) reported its statistics in 1994, the actual number and rate of 1994 referrals are higher than reported. Until 1994, juvenile court statistics were reported by cases *referred*. Beginning with 1994, the TCJFCJ began reporting referrals that have been *disposed*, so still-open cases were not reported for 1994. "**Please keep in mind the limitations of these data**..." (emphasis theirs), the TCJFCJ 1994 annual report says. "It is not unusual for courts to keep large numbers of cases open for significant lengths of time. Therefore, some courts like Knox County and Hamilton County appear to have severely underreported their data ..."

Keeping in mind that the 1994 figures are underreported, here is a comparison with earlier years:

Of 80,993 total referrals to juvenile courts in 1994, 26,513 were for illegal conduct such as weapons possession, drug offenses, gambling and driving under the influence. In 1992, the year reported in last year's *State of the Child*, 20,814 referrals were for illegal conduct.

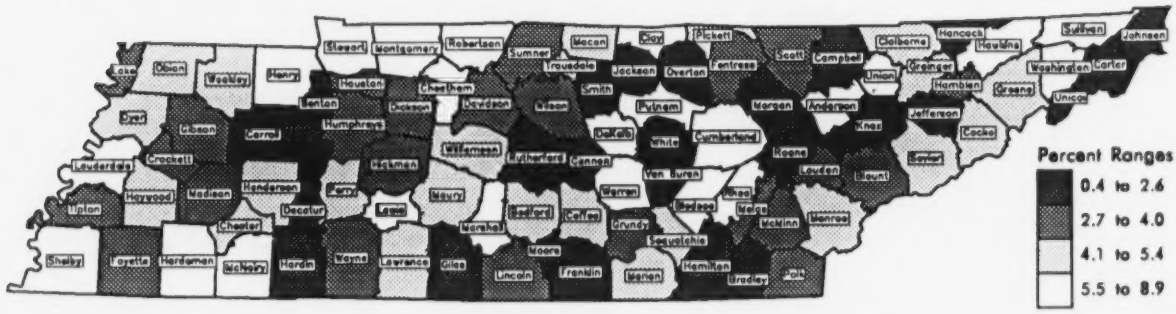
In 1994, 5,967 referrals were for offenses against persons - such as homicide, aggravated robbery, rape and assault - compared to 6,005 in 1992. And in 1994, 14,026 referrals were for offenses against property - such as burglary, theft, arson and vandalism - compared to 14,038 in 1992.

Categories of Tennessee Juvenile Court Referrals, 1994



Source: Tennessee Council of Juvenile and Family Court Judges Annual Statistical Report, 1993 - 1994.

Percent of Children* Referred to Juvenile Courts, January 1994 - December 1994



County	Referrals	
	Number	Percent
Anderson	900	5.5
Bedford	362	4.5
Benton	78	2.4
Bledsoe	128	5.5
Blount	640	3.1
Bradley	265	1.4
Campbell	36	0.4
Cannon	69	2.6
Carroll	154	2.4
Carter	235	2.1
Cheatham	492	5.8
Chester	147	4.6
Claiborne	297	4.5
Clay	89	5.6
Cocke	292	4.3
Coffee	444	4.1
Crockett	87	2.8
Cumberland	501	5.9
Davidson	3,454	2.8
Decatur	49	2.2
DeKalb	187	5.5
Dickson	402	3.8
Dyer	463	5.1
Fayette	227	3.1
Fentress	146	4.0
Franklin	149	1.7
Gibson	366	3.4
Giles	150	2.3
Grainger	188	4.6
Greene	671	5.3
Grundy	133	3.8
Hamblen	466	3.8
Hamilton	939	1.4

County	Referrals	
	Number	Percent
Hancock	34	2.1
Hardeman	511	7.8
Hardin	124	2.2
Hawkins	750	7.2
Haywood	277	5.1
Henderson	237	4.4
Henry	384	6.3
Hickman	125	3.0
Houston	67	4.0
Humphreys	115	3.0
Jackson	29	1.4
Jefferson	180	2.4
Johnson	78	2.6
Knox	1,015	1.3
Lake	57	4.0
Lauderdale	377	5.9
Lawrence	406	4.3
Lewis	136	5.9
Lincoln	223	3.0
Loudon	295	3.9
McMinn	341	3.3
McNairy	418	7.8
Macon	169	4.1
Madison	802	3.8
Marion	270	4.2
Marshall	425	7.3
Maury	668	4.4
Meigs	64	3.3
Monroe	410	5.2
Montgomery	1,778	6.0
Moore	26	2.2
Morgan	64	1.5
Obion	327	4.4

County	Referrals	
	Number	Percent
Overton	96	2.3
Perry	87	5.3
Pickett	44	4.1
Polk	118	3.8
Putnam	707	5.6
Rhea	363	6.0
Roane	181	1.7
Robertson	666	5.5
Rutherford	926	2.4
Scott	162	3.2
Sequatchie	107	4.6
Sevier	580	4.4
Shelby	13,509	5.7
Smith	90	2.5
Stewart	142	6.5
Sullivan	1,763	5.6
Sumner	1,007	3.3
Tipton	477	3.9
Trousdale	61	4.3
Unicoi**	84	2.5
Union	291	7.7
Van Buren	25	2.1
Warren	541	6.6
Washington	1,832	8.9
Wayne	100	2.9
Weakley	368	4.9
White	126	2.6
Williamson	1,419	5.4
Wilson	781	3.9

Tennessee	**51,041**	**4.0**

* For children under 18 years old.

** The Sullivan County number is the sum of Sullivan County (Division I, II,) and Bristol. The Washington County number is the sum of Johnson City and Washington County.

Source: 1993 and 1994 Annual Statistical Report, Council of Juvenile and Family Court Judges, May 1995.

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Violation proceedings, including violation of a valid court order, violation of probation and violation of aftercare, increased from 2,650 in 1992 to 2,975 in 1994 - a 12.2% increase.

Overall, status offenses - including running away, truancy, violation of curfew and ungovernable/unruly behavior - increased from 14,550 referrals in 1992 to 16,034 in 1994 - a 10.2% increase.

Special proceedings - including consent to marry, custody, visitations, paternity and legitimation, foster care review and child support, increased from 7,213 in 1992 to 8,587 in 1994 - a 19% increase.

Regardless of the breakdown of the figures, the sad fact is that from January, 1994 through December, 1994, at least four percent of all of Tennessee's children were referred to juvenile courts.

While a referral to a juvenile court may represent an opportunity for a child to receive much-needed services, being referred to juvenile court is rarely the result of happy circumstances.

Currently, there is a great deal of debate regarding why so many children end up in juvenile court.

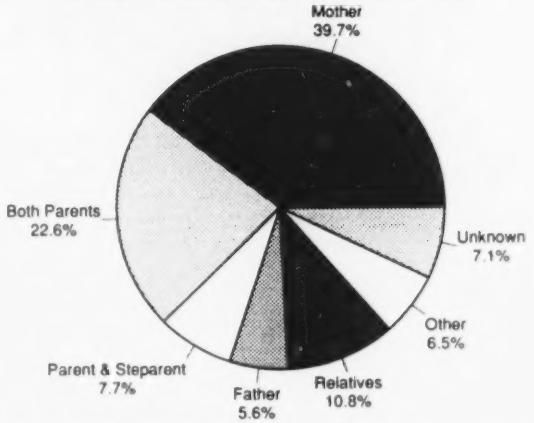
The demographics of the children referred to juvenile court may give some clues.

In 1994 in Tennessee, only 22.6% of children referred to juvenile court lived with both parents, compared to about 67% of all children in Tennessee.

A total of 45.3% of children referred to juvenile court lived in single-parent families, mostly headed by women, compared to about 30% of all children.

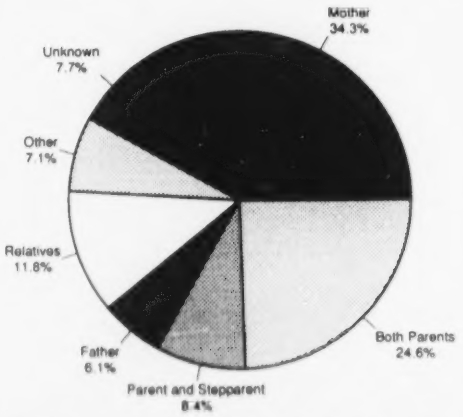
The percentage of children in the juvenile court system living with their mothers only in 1994 was 39.7% - up from 36.8% in

Living Arrangements of All Children Referred to Juvenile Court, 1994



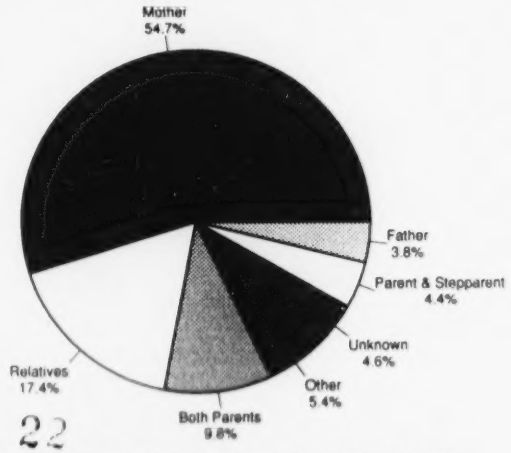
Source: Tennessee Council of Juvenile and Family Court Judges

Living Arrangements of Caucasian Children Referred to Juvenile Court, 1994



Source: Tennessee Council of Juvenile and Family Court Judges

Living Arrangments of African-American Children Referred to Juvenile Court, 1994



Source: Tennessee Council of Juvenile and Family Court Judges Annual Statistical Report, 1993-94

1991.

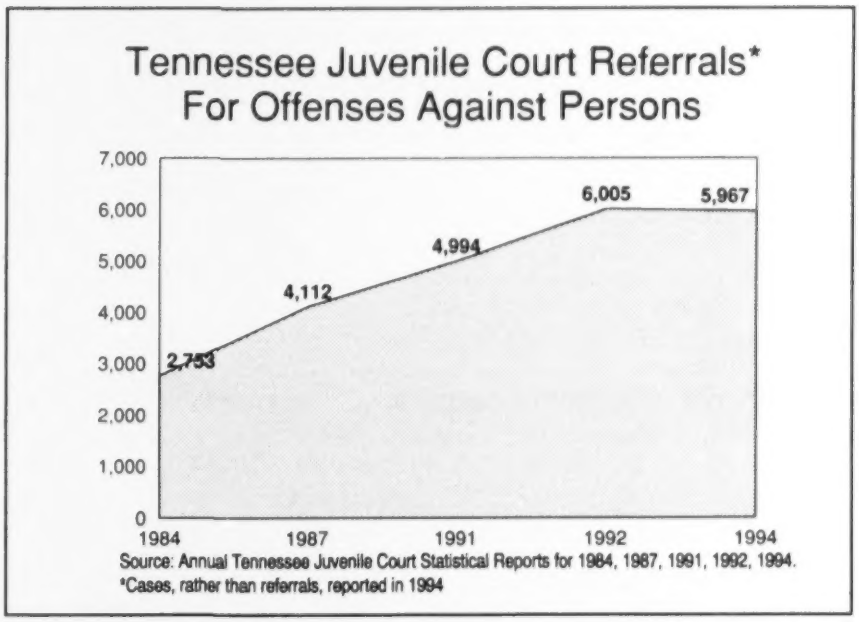
"The data continued to show most children, with the exception of white males, were living with their mothers only at the time of referral to juvenile court," the TCJFCJ report said. "This statistic appeared to remain particularly true for African-American males."

"Regarding race," the TCJFCJ 1994 annual report says, "African-American and other non-white children were reported as representing 35.2% of the juvenile court population, while constituting only 22% of the overall juvenile population of Tennessee. Conversely, white children, constituting 78% of the overall juvenile population, were reported as making up 62.7% of the juvenile court population."

The report also noted that approximately twice as many males were in the juvenile court population as females in 1994.

Much of the public's focus on the juvenile justice system is on the problem of violent crime. "Despite the evidence that aggregate rates of crime have been leveling off or even declining in the past two decades," the U.S. Department of Justice publication *National Institute of Justice Journal* (August 1995) says, "there continues to be widespread concern about the issue on the part of policymakers and the public ... and while many of the national trends have remained strikingly flat, there has been some dramatic change in violent crime committed by young people.

"[A]fter a period of relative stability in the rates of juvenile crime, there was a major turning point in about 1985. Then, within the next seven years, the rate of homicides committed by young people, the number of homicides they committed with guns, and the arrest rate of non-white juveniles for drug offenses all doubled," the publication says.



Source: Annual Tennessee Juvenile Court Statistical Reports for 1984, 1987, 1991, 1992, 1994.
*Cases, rather than referrals, reported in 1994

One factor in juvenile crime the Justice Department identified is age. "Age is so fundamental to crime rates that its relationship to offending is usually designated as the 'age-crime curve.' This curve, which for individuals typically peaks in the late teen years, highlights the tendency for crime to be committed during an offender's younger years and to decline as age advances."

The report notes that race is an apparent factor in juvenile crime nationally. "Among African-American males ages 14 to 17, murder rates have been about four to five times higher than among white males of the same age group," the Justice Department journal says.

Another factor is the availability of guns. "The recklessness and bravado that often characterize teenage behavior, combined with their lack of skill in settling disputes, transform what would have been fist fights with outcomes no more serious than a bloody nose into shootings with more lethal consequences because guns are present."

The final, and most important factor, the Justice Department report says, is drugs - particularly alcohol and crack. Alcohol induces violence. Crack may be the biggest factor in the increase in juvenile crime. "The explanation that seems most reasonable can be traced to the growth of the crack markets in the mid-1980s. To service that growth, juveniles were recruited, they were armed with guns that are standard tools of the drug trade, and these guns were then diffused into the community." Juveniles were recruited because "the sanctions they face are less severe than those imposed by the adult criminal justice system."

To reverse the skyrocketing of juvenile crime, the report says, guns could be aggressively confiscated from juveniles - a remote possibility. Another way to reverse the trend is to diminish the demand for drugs through treatment, more effective prevention, and other health care initiatives that respond to addicts' needs.

State Care, Custody

Too Few Children Leaving State Care, Custody

Commitment to state custody should be a last resort for all children. However, growing social problems have resulted in an increasing number of children in state custody.

Alcohol and drug abuse, domestic violence, child abuse, juvenile delinquency, and mental illness have torn apart many of today's families and played havoc with the lives of children.

The distinction between state custody and state care is that the state is the legal custodian for a child in state custody. The parent is the legal custodian for a child in state care.

A child enters state custody when a juvenile court judge or referee issues an order that gives legal custody of the child to the state. Commitment to state custody is the most serious sanction a juvenile court judge can administer to a child. The only exception would be a child who has committed an offense that is so serious that the judge transfers the child's case to criminal court, where the child is tried as an adult.

A child in state care is in the legal custody of the parent, but has been placed in the care of a specific state department to provide needed services. One example of a child in state care would be a child who is in need of mental health services and is voluntarily committed to a state psychiatric facility.

New commitments to state custody have been relatively stable over the past six years. Only one year, 1994, had more commitments than 1990. There were 9,207 commitments in 1990 and 9,501 in 1994.

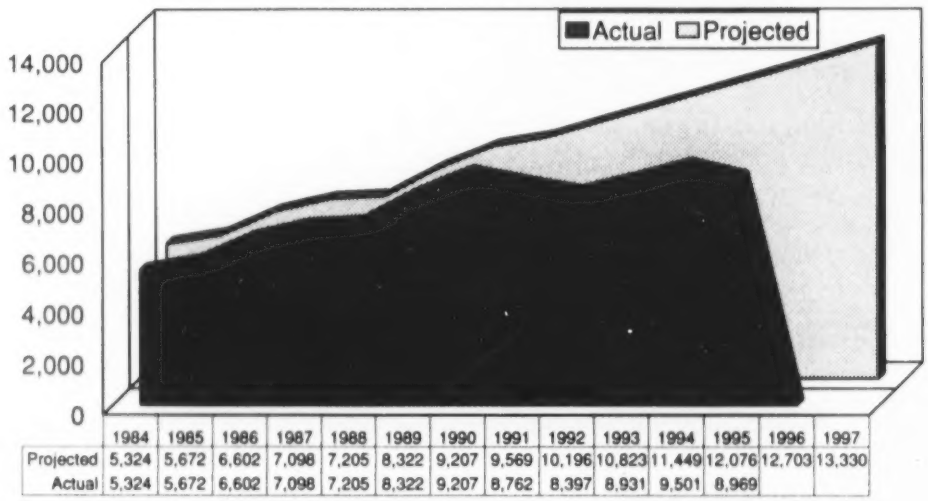
One explanation for the relatively stable commitment rate in the 1990s is that Tennessee state government began more concerted efforts in 1991 to provide prevention and early intervention services. It is projected that if the growth in commitments continued at the same rate without intervention services, there would have been a 6% increase in commitments each year. This means that there could have been 12,076 commitments in 1995 instead of 8,969.

Although the commitment rates have been stable, children are staying in placements for longer periods of time. A comparison of children in state custody and care at the end of FY 1991 and FY 1995 shows a 34% increase. On June 30, 1991, there were 9,114 children in state custody and care, compared to 12,258 on June 30, 1995.

This section of *The State of the Child Report* provides an overview of the system for managing children in state custody or state care including the juvenile court referral pro-

Commitments to State Care

Actual and Projected* - 1984 Through 1997



	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
Projected	5,324	5,672	6,602	7,098	7,205	8,322	9,207	9,569	10,196	10,823	11,449	12,076	12,703	13,330
Actual	5,324	5,672	6,602	7,098	7,205	8,322	9,207	8,762	8,397	8,931	9,501	8,969		

* Actual data from 1984 through 1990 were used to project data from 1991 through 1997
Source: Tennessee Department of Health, Office of Children's Services

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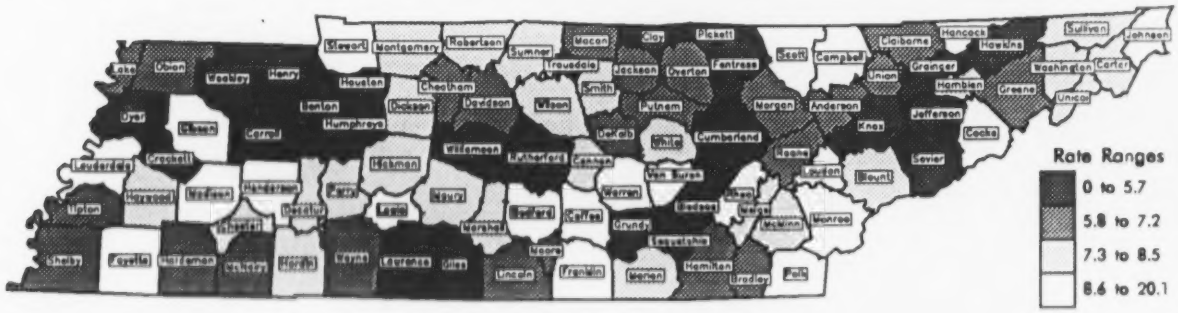
Commitment Rate of Children to State Custody, FY 94-95

Note: This rate is Per 1,000, NOT percent.



County	Commitments	
	Number	Rate
Anderson	97	5.9
Bedford	117	14.5
Benton	14	4.2
Bledsoe	10	4.3
Blount	153	7.5
Bradley	134	7.2
Campbell	97	11.1
Cannon	22	8.2
Carroll	28	4.3
Carter	82	7.3
Cheatham	57	6.7
Chester	26	8.1
Claiborne	46	6.9
Clay	2	1.3
Cocke	138	20.1
Coffee	114	10.6
Crockett	11	3.5
Cumberland	43	5.1
Davidson	852	6.8
Decatur	19	8.3
DeKalb	24	7.1
Dickson	90	8.5
Dyer	48	5.3
Fayette	66	8.9
Fentress	13	3.6
Franklin	132	15.3
Gibson	99	9.1
Giles	30	4.5
Grainger	22	5.4
Greene	77	6.1
Grundy	14	4.0
Hamblen	96	7.9
Hamilton	482	7.0

County	Commitments	
	Number	Rate
Hancock	16	10.0
Hardeman	40	6.1
Hardin	42	7.3
Hawkins	35	3.4
Haywood	43	8.0
Henderson	65	12.2
Henry	35	5.7
Hickman	33	7.9
Houston	7	4.2
Humphreys	22	5.7
Jackson	13	6.4
Jefferson	35	4.7
Johnson	36	12.1
Knox	387	4.9
Lake	9	6.3
Lauderdale	59	9.2
Lawrence	44	4.6
Lewis	24	10.4
Lincoln	53	7.2
Loudon	76	10.1
McMinn	78	7.6
McNairy	33	6.2
Macon	28	6.9
Madison	259	12.2
Marion	55	8.5
Marshall	49	8.5
Maury	116	7.7
Meigs	15	7.7
Monroe	76	9.7
Montgomery	242	8.2
Moore	7	6.0
Morgan	26	6.0
Obion	44	5.9

County	Commitments	
	Number	Rate
Overton	27	6.6
Perry	14	8.5
Pickett	0	0.0
Polk	30	9.7
Putnam	82	6.5
Rhea	54	9.0
Roane	67	6.3
Robertson	95	7.8
Rutherford	131	3.5
Scott	49	9.6
Sequatchie	13	5.6
Sevier	72	5.5
Shelby	1,705	7.2
Smith	26	7.3
Stewart	23	10.5
Sullivan	251	7.9
Sumner	226	7.5
Tipton	82	6.7
Trousdale	4	2.8
Unicoi	29	8.5
Union	22	5.8
Van Buren	14	11.9
Warren	77	9.4
Washington	165	8.0
Wayne	25	7.1
Weakley	43	5.7
White	37	7.7
Williamson	92	3.5
Wilson	157	7.8

Tennessee	**8,969**	**7.1**

Note: The population ages 1-17 is calculated from the 1994 estimates made by the Department of Sociology, University of Tennessee, Knoxville.
State fiscal year was from July 1, 1994 through June 30, 1995.

State Care, Custody ... Continued

cess, assessments, programs, and services, including out-of-home placements with state departments serving children.

Juvenile Court Referral Process

"Anyone perceiving a need for the court to intervene in a child's affairs can refer that child to juvenile court. Frequently, the referral source is closely related to the reason for the referral. For example, schools refer truants and law enforcement officers refer children who have allegedly committed illegal acts," according to the 1994 Tennessee Council of Juvenile and Family Court Judge's annual report. Other referral sources are parents and other family members, court staff, Department of Human Services' (DHS) Child Protective Services, Department of Youth Development probation staff, Community Health Agencies (CHAs), Assessment, Care and Coordination Teams (ACCTs), or other referral sources.

Reasons for referring a child to juvenile court include:

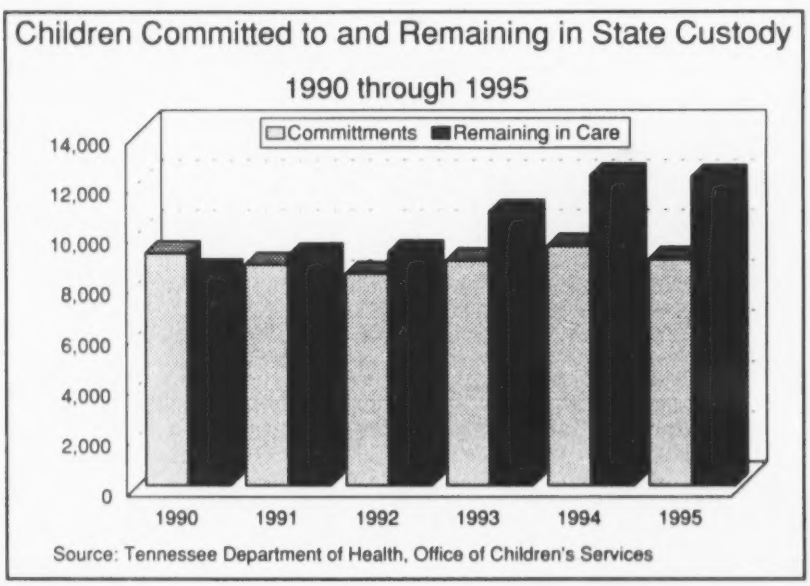
- the child's mental illness or suicide risk;
- the child's disability;
- the child's behavior problem;
- substance abuse by the child or caretaker;
- physical abuse, sexual abuse, or neglect;
- caretaker's illness, incapacity, inability to cope, or abandonment; or
- caretaker's incarceration or death.

Other referrals involve children who are alleged to be delinquent or status offenders. Status offenders are children who have committed offenses that are not illegal for adults, but are for those under 18 years old. Examples of status offenses include underage drinking, truancy, running away, or behavior that is considered ungovernable or unruly.

Placements, Assessments, and Programs

Depending on the reason for the referral, judges have a variety of alternatives in handling each case, ranging from a highly restrictive placement to dismissing the case. For a delinquent offense, the judge could put the child on probation with the Department of Youth Development (DYD) or the county. A child on probation is not in state custody, but is assigned to a probation officer who monitors the child to help him/her meet the terms of probation. The court can also order a range of community alternatives, or even custody with the Department of Human Services. For more serious delinquent offenses, the judge could commit a youth to DYD where the child might be placed in a group home, a residential treatment facility, or a youth development center - the most restrictive placement.

For a child with mental health needs, a judge may order the child placed in a psychiatric hospital for evaluation through a juvenile court commitment order. If the child meets certain criteria, commitment to the Department of Mental Health and Mental Retardation is also an option. For a less serious problem, a judge could order the child and family be provided with counseling or other services.



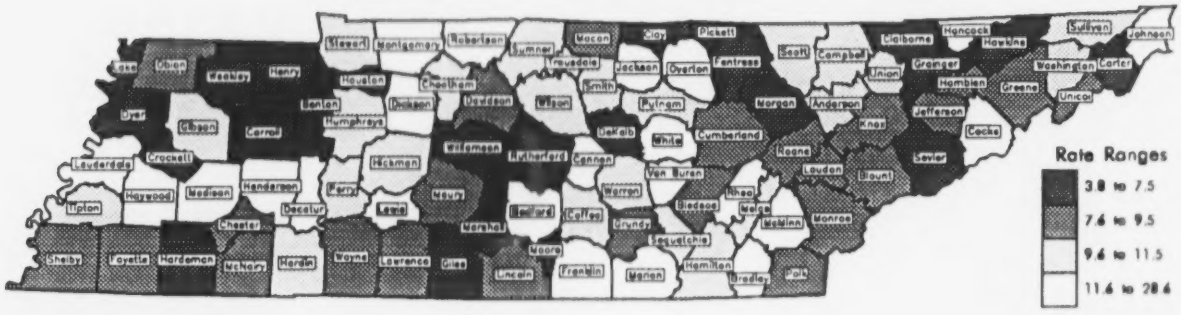
In appropriate cases, a judge could order the child and family to participate in an intervention program to prevent state custody such as HomeTies, an interdepartmental program administered by DHS. Programs, such as HomeTies, are used when a child is at risk of entering state care to help avoid an out-of-home placement.

If commitment to state custody is ordered by the judge, the Assessment, Care and Coordination Team (ACCT)

Continued

Rate of Children Remaining in State Custody, June 30, 1995

Note: This rate is Per 1,000, NOT percent.



County	In State Custody Number	Rate
Anderson	185	11.3
Bedford	159	19.6
Benton	17	5.1
Bledsoe	18	7.8
Blount	162	7.9
Bradley	268	14.3
Campbell	99	11.4
Cannon	50	18.6
Carroll	46	7.1
Carter	84	7.5
Cheatham	94	11.0
Chester	26	8.1
Claiborne	40	6.0
Clay	6	3.8
Cocke	101	14.7
Coffee	110	10.2
Crockett	17	5.4
Cumberland	78	9.2
Davidson	955	7.7
Decatur	30	13.2
DeKalb	25	7.3
Dickson	138	13.0
Dyer	68	7.5
Fayette	70	9.5
Fentress	21	5.7
Franklin	156	18.1
Gibson	109	10.0
Giles	28	4.2
Grainger	19	4.6
Greene	110	8.7
Grundy	31	8.9
Hamblen	116	9.5
Hamilton	785	11.4

County	In State Custody Number	Rate
Hancock	46	28.6
Hardeman	48	7.3
Hardin	59	10.3
Hawkins	63	6.0
Haywood	97	18.0
Henderson	82	15.4
Henry	36	5.9
Hickman	48	11.5
Houston	7	4.2
Humphreys	40	10.4
Jackson	26	12.8
Jefferson	60	8.1
Johnson	43	14.5
Knox	738	9.3
Lake	10	7.0
Lauderdale	107	16.7
Lawrence	82	8.6
Lewis	31	13.4
Lincoln	67	9.1
Loudon	68	9.0
McMinn	143	13.9
McNairy	49	9.1
Macon	32	7.8
Madison	424	19.9
Marion	77	11.9
Marshall	35	6.0
Maury	135	9.0
Meigs	19	9.7
Monroe	66	8.4
Montgomery	390	13.2
Moore	6	5.2
Morgan	27	6.2
Obion	66	8.8

County	In State Custody Number	Rate
Overton	50	12.1
Perry	17	10.3
Pickett	4	3.8
Polk	28	9.1
Putnam	143	11.4
Rhea	71	11.8
Roane	85	8.1
Robertson	167	13.7
Rutherford	222	5.9
Scott	49	9.6
Sequatchie	23	10.0
Sevier	91	6.9
Shelby	2,060	8.7
Smith	40	11.2
Stewart	23	10.5
Sullivan	346	10.9
Sumner	319	10.5
Tipton	139	11.3
Trousdale	14	9.9
Unicoi	32	9.4
Union	37	9.7
Van Buren	22	18.7
Warren	87	10.6
Washington	237	11.5
Wayne	28	8.0
Weakley	46	6.1
White	81	16.8
Williamson	118	4.5
Wilson	231	11.4
Tennessee	**12,258**	**9.7**

Note: The population ages 1-17 is calculated from 1994 estimates made by the Department of Sociology, University of Tennessee, Knoxville.

*The number and rate of children remaining in care at the end of the fiscal year.

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State Care, Custody ... Continued

in the region where the children lives provides assistance. The ACCT conducts detailed assessments of the child's needs and, based on the information, develops a plan of care. The plan of care is a formal document that prescribes specific goals for the child and family based on the treatment needs and services to be provided. The plan of care is completed with the cooperation of the child and family, the custodial department, and other professionals serving that child and family. The ACCT worker assists in placing the child in an appropriate program. Subsequently, the ACCT monitors the child's progress in following the plan of care. The ACCT can recommend or facilitate changes in service delivery, if warranted.

Upon entering custody, the child's case workers must make efforts to reunify the child with his/her family. This may be done by providing services to help the child adjust to returning home by giving the family support. Some of these programs include the DHS Home Ties Program, DYD's Community Intervention Services, DMHMR's Intensive Case Management and the ACCTs' Flexible Funding for Families. These programs provide either precustody or reunification services targeted at keeping the family together.

If family reunification is not possible, the case workers must find a permanent placement in a family-like setting through adoption, if possible. If the youth is an older teen, there is also the option of independent living.

Out-Of-Home Placements

State custody placements vary in degree of restrictiveness and intensity of services. Children often "step down" from a more restrictive placement to a less restrictive placement. A youth may be placed, for example, in a residential treatment facility. After his/her treatment needs have been met, the youth may then be placed in a group home and may attend public school. Later, the child may be released to go home.

Four state departments in Tennessee provide out-of-home services for children. These are the Department of Education (DOE), the Department of Human Services (DHS), the Department of Mental Health and Mental Retardation (DMHMR), and the Department of Youth Development (DYD).

DHS has the highest percent of children in state custody - 77.5% in FY 1994-95. DHS provides care for children who have been neglected or abused and also delinquent and unruly children. The department places these children in foster care, group homes, or a wide variety of residential options. DHS provides a range of services including child protective services.

DYD had the second highest percent of children in state custody - 18.4% in FY 1994-95. DYD provides programs and placements for youth who are troubled and troubling. Offenses committed by youth in DYD custody range from unruly behavior to murder.

DYD provides a spectrum of services directed toward rehabilitating and educating students while at the same time protecting the community. DYD placements range from the most restrictive to least restrictive, depending on the youth's treatment needs and the nature of his/her offense. DYD's most restrictive placements are in youth development centers. Other placements include a range of options such as wilderness programs, residential treatment facilities, group homes, or other placements.

The Department of Education had 2.7% of the children in custody during FY 1994-95. This department serves children committed to state custody who have been truant, expelled, or involved in other problem behaviors at school or in the community. These children are placed at Tennessee Preparatory School in Nashville where the focus is on the children's educational progress. Other services, in addition to education, are also provided.

DMHMR had 1.5% of the children in state custody in FY 1994-95. All children in DMHMR care are committed for mental health treatment. The Department of Mental Health and Mental Retardation also provides psychiatric and mental retardation services for children in the custody of their parents, DYD, DHS, or DOE. The goals of DMHMR services for children are to stabilize their mental health status and reintegrate them into the community. DMHMR operates state psychiatric hospitals and developmental centers. DMHMR accepts voluntary commitments, unlike DOE and DYD.

In addition to out-of-home placements in state department facilities, other out-of-home placements are with agencies that contract with the state to provide needed services. Categories of contract agencies include, but are not limited to, sex offender programs, emergency shelters, therapeutic and regular foster care, independent living, residential treatment facilities, and wilderness programs.

Summary

In summary, the prevention of child abuse, delinquency, and mental illness contributes to the overall quality of life for all Tennesseans. Children who are ultimately referred to juvenile court are often seriously harmed before they are ever referred. The earlier appropriate assistance is provided, the less damage and disruption there is for the child and family.

For children to develop into productive adults, adequate care must be provided at home. If it is not, the state is obligated to provide that care. And the state is often a very poor substitute for a parent.

Chapter 2
Health

"The health of the people is really the foundation upon which all their happiness and all their powers as a state depend."

Benjamin Disraeli, 1804 - 1881

TennCare

More Children Now Have Health Insurance

TennCare replaces Medicaid and provides health care coverage for persons who were eligible for Medicaid. It also covers many people who were uninsurable and those who were uninsured on or after July 1, 1994.

TennCare contracts with managed care organizations (MCOs) - private companies that deliver health care services by contracting with doctors, hospitals, clinics and other health care providers.

Tennessee is divided into 12 regions. Each region has two or more MCOs from which residents can select. If a recipient does not pick one, an MCO is assigned to them by the state.

TennCare is based on the following beliefs, as stated in a brochure produced by the Tennessee Department of Health:

- People should be able to get quality, affordable health care;
- Health care costs can be controlled so Tennesseans won't have to pay more taxes;
- People should be able to work their way off welfare without the fear of losing their health care coverage;
- We should stress preventing health problems, as well as treating them.

For children, the most obvious benefit of TennCare is that tens of thousands of them who did not have health care coverage in the past are now insured. As the chart below shows, 55,113 children ages birth to 13 who were not eligible to be covered under Medicaid are covered by TennCare. Additionally, nearly 255,184 girls and women ages 14 to 44 - roughly childbearing age - are now covered and have greater access to prenatal care.

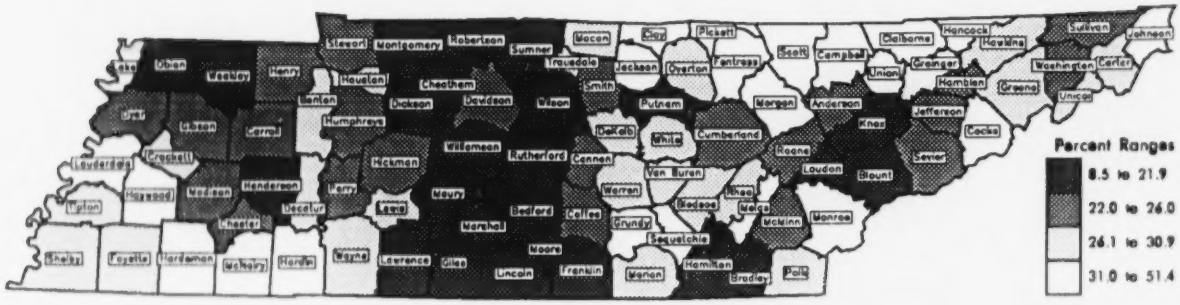
Many of those now covered by TennCare, but who were not covered by Medicaid, are lower-income working people who previously had to self-ration health care because of their limited financial resources. This could have lead to a pregnant woman having little prenatal care or preventative medical care for the family. It may also have meant that many typical childhood illnesses that are easily treated, such as ear infections, could have become quite serious before medical care was sought.

Not only does TennCare make health care available and affordable for many previously uninsured families, it also reduces the stress caused by the ever-looming fear of financial disaster caused by not having medical insurance.

TennCare Coverage By Rate Category, 1/5/96

Rate Category	Medicaid Eligibles	Uninsured/ Uninsurable Eligibles	Totals
Less than 1 year old	28,578	1,720	30,298
Ages 1 to 13	269,906	53,393	323,299
Ages 14 to 44 (male)	47,761	91,337	139,098
Ages 14 to 44 (female)	161,628	93,556	255,184
Ages 45 to 64	9,793	92,950	82,743
Ages 65 and over	3,856	5,933	9,789
Medicaid/Medicare Duals	155,956	2,527	158,483
Aid to blind/disabled	138,124	27,310	165,434
Total Enrollees	815,602	348,726	1,164,328

Percent of Total Population Enrolled in TennCare, July 1995



County	TennCare Number	TennCare Percent
Anderson	15,513	22.7
Bedford	6,283	19.6
Benton	3,935	27.2
Bledsoe	3,026	30.6
Blount	17,135	19.0
Bradley	14,882	19.4
Campbell	15,171	43.3
Cannon	2,447	22.9
Carroll	6,213	22.9
Carter	13,926	26.9
Cheatham	5,513	17.9
Chester	3,038	23.5
Claiborne	10,342	38.5
Clay	2,316	32.9
Cocke	11,441	39.1
Coffee	10,549	25.4
Crockett	3,416	27.0
Cumberland	9,792	25.6
Davidson	117,681	22.4
Decatur	2,875	28.0
DeKalb	4,037	27.4
Dickson	8,076	21.0
Dyer	9,029	25.7
Fayette	7,417	29.0
Fentress	7,149	49.0
Franklin	7,266	20.3
Gibson	10,319	23.0
Giles	5,067	19.3
Grainger	5,709	33.0
Greene	14,839	26.4
Grundy	6,053	46.1
Hamblen	13,149	25.7
Hamilton	60,159	21.3

County	TennCare Number	TennCare Percent
Hancock	3,239	49.0
Hardeman	7,923	34.2
Hardin	8,206	35.8
Hawkins	12,456	27.8
Haywood	6,650	35.1
Henderson	4,820	21.9
Henry	6,378	23.4
Hickman	4,385	24.8
Houston	1,982	27.9
Humphreys	3,500	22.3
Jackson	2,887	31.2
Jefferson	8,704	25.8
Johnson	4,862	35.6
Knox	67,615	19.7
Lake	2,429	34.4
Lauderdale	7,986	34.7
Lawrence	7,378	20.4
Lewis	2,682	29.7
Lincoln	6,036	20.7
Loudon	7,161	21.9
McMinn	10,040	23.6
McNairy	7,111	31.8
Macon	4,308	26.8
Madison	19,160	24.0
Marion	7,533	30.0
Marshall	3,973	17.4
Maury	12,238	21.5
Meigs	2,734	32.9
Monroe	10,278	32.6
Montgomery	18,847	17.1
Moore	835	17.4
Morgan	5,596	31.7
Obion	6,747	21.6

County	TennCare Number	TennCare Percent
Overton	5,161	29.3
Perry	1,609	23.5
Pickett	1,674	36.1
Polk	3,888	28.6
Putnam	10,547	19.7
Rhea	7,537	30.9
Roane	11,634	25.2
Robertson	8,479	19.2
Rutherford	18,084	12.9
Scott	9,277	51.4
Sequatchie	2,811	31.1
Sevier	14,785	26.0
Shelby	246,201	29.1
Smith	3,279	22.8
Stewart	2,533	25.4
Sullivan	32,414	22.8
Sumner	17,335	15.0
Tipton	10,751	26.6
Trousdale	1,696	28.3
Unicoi	4,504	27.3
Union	4,799	32.5
Van Buren	1,336	27.7
Warren	8,718	26.4
Washington	20,588	22.0
Wayne	4,119	29.6
Weakley	5,707	18.0
White	5,390	26.4
Williamson	8,199	8.5
Wilson	11,238	15.1

Tennessee	**1,204,735**	**24.0**

Note: Percent is based on 1995 population estimates made by the Department of Sociology, University of Tennessee, Knoxville.

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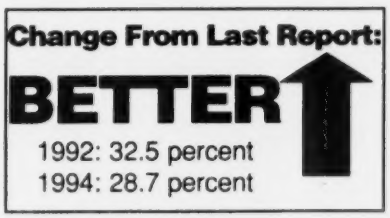
Prenatal Care

Tennessee's Prenatal Care Rate Improving

Tennessee's prenatal care indicator shows continued improvement. In 1992, 32.5% of all births did not have adequate prenatal care, while in 1994, 28.7% of births did not have adequate prenatal care.

The improvement is due to better access to prenatal care through Medicaid, TennCare, and outreach programs, according to Margaret Majors, a spokesperson for the Tennessee Department of Health.

Prenatal care is the most effective prevention strategy to ensure that children are born healthy. Modern methods have surrounded the process of pregnancy with multiple prenatal care safeguards so the likelihood of a serious complication developing is very remote according to K.P. Russell, author of the classic *Eastman's Expectant Motherhood.*



Prenatal care safeguards include routine tests and exams combined with blood pressure checks, monitoring the mother's weight, measurement of the uterine growth, checks of the baby's heart beat. Educational information is available on pregnancy, labor, delivery, parenting, and family planning as well as nutritional assessment and counseling.

The failure to receive this essential care results in poor pregnancy outcomes including high rate of infant and neonatal deaths, premature births, birth defects, maternal deaths, and birth complications, according to an article on the implications for the non-use of prenatal care in the May 1994 issue of *Health and Social Work.*

Among those five counties with the worst ranking on prenatal care, more than half of the unborn children in Stewart and Houston counties did not receive adequate prenatal care. Stewart County had the worst ranking for providing prenatal care with only 44.3% of births in 1994 receiving adequate care. The second worst was Houston with 49.5% of births receiving adequate prenatal care. The other counties in the top five with the worst ranking in providing prenatal care were Haywood (51.6% receiving adequate prenatal care), Madison (55.8%) and Lake (56.4%).

It is ultimately up to the mother to seek and obtain prenatal care early during her pregnancy. There is no substitute for such care. Health and contentment during pregnancy depend largely on proper guidance by a competent health care professional such as a physician, midwife, or specially trained nurse. Monthly prenatal care visits should begin during the first three months of pregnancy after a pregnancy test has shown positive results. A medical history will be gathered to determine illnesses, hereditary tendencies, and the course of past pregnancies if a relationship with a physician has not already been established. Precautionary measures can then be initiated. Depending on the mother's medical history, special care during pregnancy may be required.

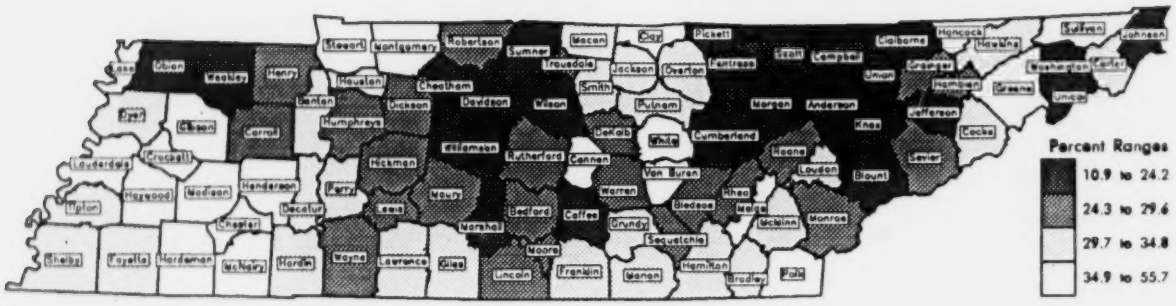
For high risk pregnancies, better care has resulted from new technologies. Through aminiocentesis, ultrasounds, fetal monitoring, and biomedical tests, doctors are able to get early warning of fetal distress or growth retardation.

A woman endangers her child's life, and perhaps her own, if she fails to get prenatal care early and regularly. A profile of women who do not seek prenatal care was provided in a national study in the May 1994 issue of *Health and Social Work.* The study reported that women who did not get prenatal care tended to:

- have less than a high school education;
- be unmarried and dependent on AFDC; and
- have poor support from their mates, though good support from other family members.

To reach the state goal of 90% of births with adequate prenatal care, the population of Tennessee women who do not seek prenatal care should be targeted and encouraged to seek proper care so all children can begin life with a healthy start.

Percent of Births Lacking Adequate Prenatal Care, 1994



County	Prenatal Care	
	Adequate	Not Adequate
Anderson	78.7	21.3
Bedford	73.2	26.7
Benton	69.2	30.7
Bledsoe	75.2	24.9
Blount	80.8	19.2
Bradley	65.9	34.1
Campbell	82.0	18.0
Cannon	63.8	36.1
Carroll	70.4	29.6
Carter	69.4	30.6
Cheatham	85.2	14.8
Chester	62.0	37.9
Claiborne	78.0	21.9
Clay	64.0	36.0
Cocke	69.9	30.1
Coffee	76.8	23.1
Crockett	60.8	39.2
Cumberland	78.9	21.0
Davidson	80.5	19.5
Decatur	68.3	31.7
DeKalb	73.6	26.5
Dickson	74.2	25.8
Dyer	68.6	31.4
Fayette	69.7	30.3
Fentress	77.2	22.8
Franklin	69.7	30.3
Gibson	58.9	41.1
Giles	67.9	32.1
Grainger	75.1	24.9
Greene	62.8	37.2
Grundy	67.0	33.0
Hamblen	72.2	27.8
Hamilton	68.9	31.1

County	Prenatal Care	
	Adequate	Not Adequate
Hancock	63.6	36.4
Hardeman	56.8	43.3
Hardin	67.2	32.8
Hawkins	67.5	32.5
Haywood	51.6	48.4
Henderson	64.4	35.6
Henry	72.9	27.1
Hickman	73.5	26.4
Houston	49.5	50.5
Humphreys	71.8	28.3
Jackson	65.3	34.8
Jefferson	76.7	23.4
Johnson	78.3	21.8
Knox	82.5	17.5
Lake	56.4	43.6
Lauderdale	60.3	39.7
Lawrence	67.2	32.8
Lewis	75.4	24.6
Lincoln	70.4	29.6
Loudon	67.6	32.4
McMinn	67.2	32.9
McNairy	64.9	35.0
Macon	69.0	31.0
Madison	55.8	44.1
Marion	65.2	34.8
Marshall	75.8	24.2
Maury	74.6	25.4
Meigs	61.8	38.2
Monroe	70.8	29.1
Montgomery	57.9	42.2
Moore	73.1	26.9
Morgan	79.5	20.5
Obion	77.7	22.3

County	Prenatal Care	
	Adequate	Not Adequate
Overton	69.4	30.6
Perry	67.8	32.2
Pickett	80.6	19.5
Polk	57.8	42.2
Putnam	69.1	30.9
Rhea	73.3	26.7
Roane	74.1	25.9
Robertson	72.0	27.9
Rutherford	70.4	29.6
Scott	81.3	18.7
Sequatchie	72.1	27.9
Sevier	75.3	24.7
Shelby	65.6	34.3
Smith	68.2	31.9
Stewart	44.3	55.7
Sullivan	62.5	37.5
Sumner	85.2	14.9
Tipton	67.1	32.9
Trousdale	70.8	29.1
Unicoi	76.8	23.2
Union	83.0	17.0
Van Buren	58.2	41.8
Warren	72.1	27.9
Washington	75.9	24.0
Wayne	71.1	28.9
Weakley	77.1	23.0
White	58.0	42.0
Williamson	89.2	10.9
Wilson	76.5	23.5
Tennessee	**71.3**	**28.7**

Note: Rate is based on the 1994 population estimates made by the Department of Sociology, University of Tennessee, Knoxville.

Source: Office of Health Statistics and Information, Tennessee Department of Health.

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Low Birth Weight

Little Progress Made Since 1985

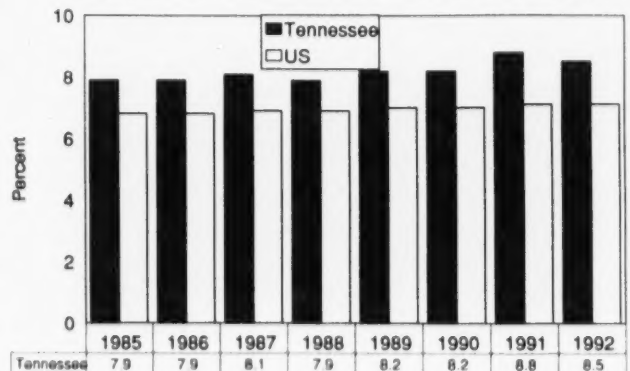
Too many babies are born with low birth weight in Tennessee. In 1994, 8.8% of our babies were born weighing less than 5.5 pounds. Nationally, the rate was 7.1% in 1992, the latest year for which the figure was available. This is troubling news because from 1985 to 1992, the state has not made significant progress in reducing incidence of low-birth-weight births. In that time, the rate has fluctuated from the low rate of 7.9%, which was the same for 1985, 1986, and 1988, to a high of 8.8% for both 1991, 1992, and 1994.

Change From Last Report:
WORSE
1992: 8.5 percent
1994: 8.8 percent

Low birth weight is a major determinant of infant deaths. Research has found this especially true among groups characterized by socioeconomic disadvantage. Low-birth-weight babies are 40 times more likely to die during the first month of life than normal weight infants, according to research findings.

If the infants survive, they are much more likely to suffer from multiple health and developmental problems because of their fragile conditions. Low-birth-weight infants are at risk of developing chronic respiratory problems such as asthma. These babies may experience neurological problems associated with prematurity, such as seizures, epilepsy, hydrocephalus, cerebral palsy, or mental retardation. Low-birth-weight babies may also have hearing or vision problems which may be so severe they could result in blindness or deafness. These infants could be at risk for developing problems such as learning disabilities, hyperactivity, emotional problems, and/or mental illness.

Percent Low Birth-Weight Babies, 1985-1992
Eight-Year Comparison Between Tennessee and US Average



	1985	1986	1987	1988	1989	1990	1991	1992
Tennessee	7.9	7.9	8.1	7.9	8.2	8.2	8.8	8.5
US	6.8	6.8	6.9	6.9	7	7	7.1	7.1

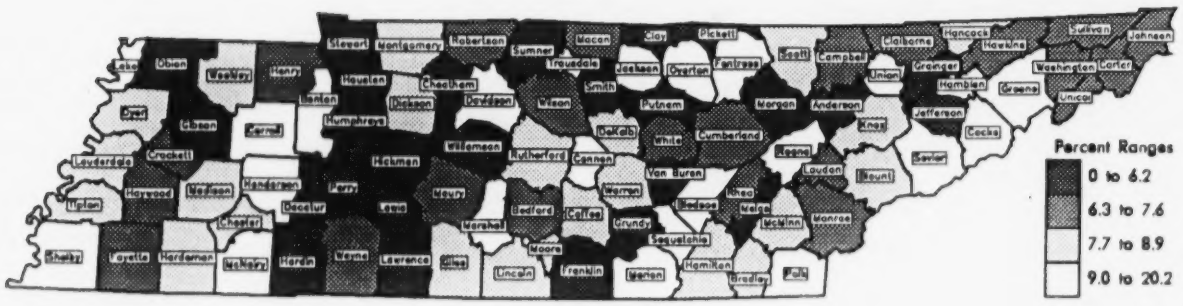
Source: Casey Foundation, (1995). Kids Count Data Book: State Profiles of Child Well-Being

Some factors common to low-birth-weight births are known: inadequate prenatal care; teen pregnancy; poverty; and pregnant women using tobacco, alcohol, and drugs.

The state and national health objective is to reduce the incidence of low-weight births to no more than 7.1% of all births by the year 2000. A study reported in the October 1992 issue of the *New England Journal of Medicine* recommends that much more attention should be paid to education, preventative medicine, and services before conception. The report also advised providing more effective prenatal care.

Improved and expanded family-planning services would reduce unwanted and untimely pregnancies, especially among young teens, the report added.

Percent of Low-Birth-Weight Babies, 1994



County	Low-Birth-Weight Babies	
	Number	Percent
Anderson	45	5.9
Bedford	32	6.7
Benton	17	9.3
Bledsoe	12	9.3
Blount	89	7.8
Bradley	94	8.9
Campbell	33	7.5
Cannon	13	9.4
Carroll	35	9.8
Carter	42	7.6
Cheatham	22	5.2
Chester	13	8.2
Claiborne	27	7.4
Clay	2	2.7
Cocke	51	12.4
Coffee	53	8.3
Crockett	11	7.0
Cumberland	31	6.9
Davidson	793	9.7
Decatur	8	5.6
DeKalb	15	8.6
Dickson	46	8.1
Dyer	41	7.9
Fayette	27	7.4
Fentress	22	10.9
Franklin	25	6.2
Gibson	37	6.2
Giles	24	7.9
Grainger	14	6.1
Greene	63	9.2
Grundy	10	5.1
Hamblen	81	10.8
Hamilton	344	8.5

County	Low-Birth-Weight Babies	
	Number	Percent
Hancock	7	8.0
Hardeman	30	8.8
Hardin	10	3.6
Hawkins	43	7.1
Haywood	24	7.6
Henderson	36	11.4
Henry	23	6.4
Hickman	12	5.4
Houston	6	5.5
Humphreys	8	4.7
Jackson	15	12.7
Jefferson	22	5.5
Johnson	11	6.8
Knox	385	8.2
Lake	19	20.2
Lauderdale	34	8.7
Lawrence	33	6.1
Lewis	4	3.2
Lincoln	25	7.9
Loudon	32	7.3
McMinn	46	8.4
McNairy	30	9.7
Macon	17	7.1
Madison	101	8.7
Marion	38	11.1
Marshall	29	10.6
Maury	63	7.4
Meigs	5	4.5
Monroe	28	7.0
Montgomery	185	8.0
Moore	4	7.7
Morgan	12	5.7
Obion	24	6.2

County	Low-Birth-Weight Babies	
	Number	Percent
Overton	21	10.0
Perry	1	1.1
Pickett	0	0.0
Polk	18	9.4
Putnam	42	5.8
Rhea	23	6.9
Roane	55	9.5
Robertson	49	7.1
Rutherford	179	8.2
Scott	20	8.3
Sequatchie	11	9.0
Sevier	71	9.3
Shelby	1,792	11.9
Smith	6	3.4
Stewart	7	5.3
Sullivan	131	7.4
Sumner	88	6.1
Tipton	54	7.9
Trousdale	9	9.4
Unicoi	13	7.2
Union	15	9.1
Van Buren	2	3.6
Warren	41	8.7
Washington	89	7.5
Wayne	12	6.7
Weakley	32	8.8
White	19	6.9
Williamson	58	4.8
Wilson	64	6.6
Tennessee	**6,455**	**8.8**
U.S.A.*		**7.1**

Source: Office of Health Statistics and Information, Tennessee Department of Health.
* U.S. rate is for 1992 from Kids Count Data Book: State Profiles of Child Well-Being. Baltimore, MD: The Annie E. Casey Foundation, 1995.

Infant Mortality

Tennessee's Infant Death Rate Above U.S. Average

Fewer babies are dying in Tennessee. The state infant mortality rate has declined 56% since 1973. In 1973, the infant mortality rate was 20.3 per 1,000 and in 1994 the rate was 8.9 per 1,000.

The latest figures show this downward trend is accelerating. In addition to the declining infant mortality rate, improvement is also seen in the declining number of infant deaths, although the number of deaths has not been great enough to significantly affect the death rate. From 1992 to 1993, there was a 9% decrease in the number of infant deaths from 691 deaths in 1992 to 685 deaths in 1993. From 1992 to 1991, there was a tremendous 64% decrease in infant deaths from 738 deaths in 1991 to 691 deaths in 1992. From 1991 to 1990, there was a 42% decline in the number of infant deaths from 770 deaths in 1990 to 737 deaths in 1991.

Change From Last Report:

BETTER

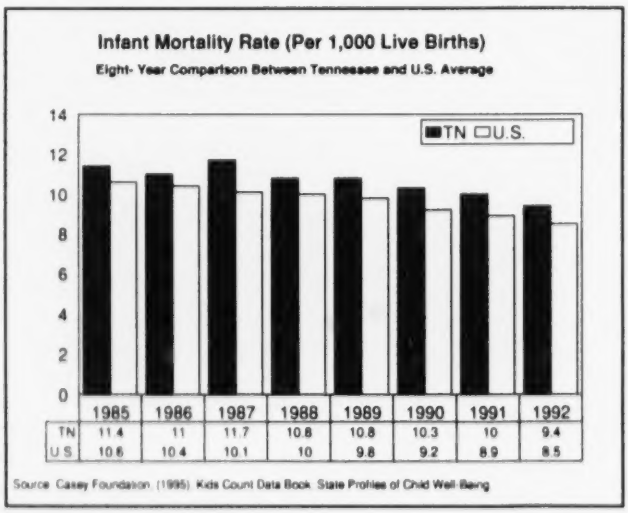
1992: 9.4 per 1,000
1994: 8.9 per 1,000

Tennessee's infant mortality rate is consistently higher than the national average. However, there has been improvement over time noted in the state's national ranking on infant mortality in the national *Kids Count Data Book*. In 1987, Tennessee ranked 43 - its lowest ranking on the indicator - with a rate of 11.7 per 1,000 live births when the national rate was 10.1. The current national ranking for Tennessee is 37 for the 1992 death rate of 9.4, with a national rate of 8.5 per 1,000 live births.

The causes of infant mortality are well-documented. The five leading causes are: birth defects; sudden infant death syndrome; short gestation and low birth weight; respiratory distress syndrome; and infections specific to the perinatal period, according to the Tennessee Department of Health.

The tragedy of infant deaths is profound since as many as one half of these deaths - many due to low birth weight - were preventable through adequate prenatal care. Factors influencing infant mortality rates include: lack of prenatal care; multiple births; birth weight; gestational age; age of mother; prior pregnancy outcome; socioeconomic status; maternal smoking; and race.

The African-American infant death rate in Tennessee is more then twice as high as the white infant death rate. The 1993 African-American infant mortality rate was 17.9 per 1,000, while the rate for white infants was 6.7.

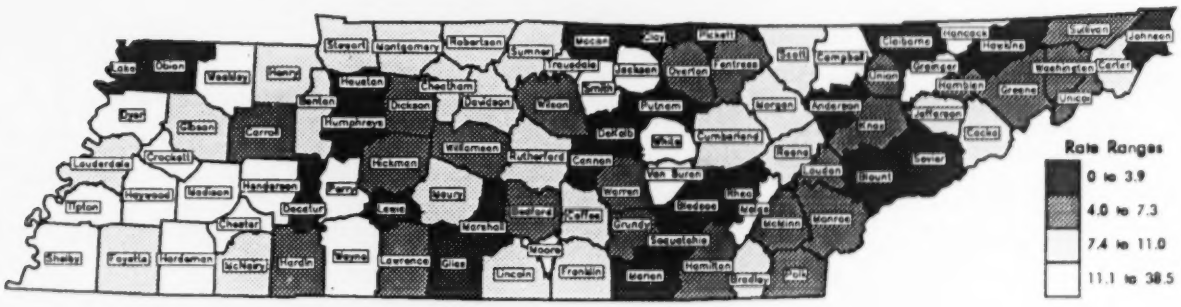

Infant Mortality Rate (Per 1,000 Live Births)
Eight- Year Comparison Between Tennessee and U.S. Average
TN
U.S.
14
12
10
8
6
4
2
0
1985 1986 1987 1988 1989 1990 1991 1992
TN 11.4 11 11.7 10.8 10.8 10.3 10 9.4
U.S. 10.6 10.4 10.1 10 9.8 9.2 8.9 8.5
Source: Casey Foundation. (1995). Kids Count Data Book: State Profiles of Child Well-Being.

Research on African-American infant mortality done by the Harvard Medical School found that African-American women have higher rates of infection, bleeding, and pregnancy-induced hypertension compared to other women. The researchers concluded that there is probably no single cause for the greater rate of complications in African-American births.

The national and state health objective is to reduce the infant mortality rate by the year 2000 to no more than 8 per 1,000 live births. To reduce Tennessee's 1993 rate of 9.4 to 8 per 1,000 live births, it is essential that all pregnant women receive affordable, convenient prenatal care with special attention paid to pregnant African-American women.

Infant Mortality Rate (Per 1,000 Live Births), 1994

Note: This rate is Per 1,000, NOT percent.



County	Infant Mortality	
	Number	Rate
Anderson	3	3.9
Bedford	2	4.2
Benton	2	11.0
Bledsoe	0	0.0
Blount	4	3.5
Bradley	9	8.5
Campbell	5	11.4
Cannon	0	0.0
Carroll	2	5.6
Carter	5	9.0
Cheatham	4	9.4
Chester	2	12.7
Claiborne	1	2.7
Clay	0	0.0
Cocke	4	9.7
Coffee	6	9.4
Crockett	3	19.0
Cumberland	4	8.9
Davidson	78	9.5
Decatur	0	0.0
DeKalb	0	0.0
Dickson	3	5.3
Dyer	6	11.6
Fayette	4	11.0
Fentress	1	5.0
Franklin	3	7.5
Gibson	5	8.4
Giles	1	3.3
Grainger	5	21.8
Greene	3	4.4
Grundy	1	5.1
Hamblen	4	5.4
Hamilton	21	5.2

County	Infant Mortality	
	Number	Rate
Hancock	3	34.1
Hardeman	4	11.8
Hardin	2	7.3
Hawkins	0	0.0
Haywood	4	12.7
Henderson	4	12.7
Henry	3	8.3
Hickman	1	4.5
Houston	0	0.0
Humphreys	0	0.0
Jackson	2	16.9
Jefferson	4	10.0
Johnson	0	0.0
Knox	29	6.2
Lake	0	0.0
Lauderdale	4	10.3
Lawrence	3	5.5
Lewis	0	0.0
Lincoln	3	9.4
Loudon	2	4.5
McMinn	4	7.3
McNairy	3	9.7
Macon	0	0.0
Madison	13	11.2
Marion	1	2.9
Marshall	1	3.7
Maury	8	9.4
Meigs	2	18.2
Monroe	2	5.0
Montgomery	25	10.8
Moore	2	38.5
Morgan	2	9.5
Obion	1	2.6

County	Infant Mortality	
	Number	Rate
Overton	1	4.8
Perry	1	11.1
Pickett	0	0.0
Polk	1	5.2
Putnam	1	1.4
Rhea	0	0.0
Roane	5	8.6
Robertson	6	8.6
Rutherford	17	7.8
Scott	2	8.3
Sequatchie	0	0.0
Sevier	1	1.3
Shelby	217	14.4
Smith	3	17.0
Stewart	1	7.6
Sullivan	12	6.8
Sumner	11	7.6
Tipton	12	17.6
Trousdale	3	31.3
Unicoi	1	5.5
Union	1	6.1
Van Buren	1	18.2
Warren	3	6.4
Washington	5	4.2
Wayne	2	11.1
Weakley	5	13.8
White	4	14.5
Williamson	5	4.1
Wilson	4	4.1
Tennessee	**648**	**8.9**
U.S.A.*		**8.5**

Source: Office of Health Statistics and Information, Tennessee Department of Health.

* U.S. rate is for 1992 from Kids Count Data Book: State Profiles of Child Well-Being. Baltimore, MD: The Annie E. Casey Foundation, 1995.

Child Deaths

Tennessee Child Death Rate Worsening

Tennessee's child death rate declined 7% from 31.9 deaths per 100,000 children aged 1 to 14 in 1992 to 34.1 per 100,000 in 1994. The state continues to lag behind the national death rate - 28.8 per 100,000 in 1992 the latest national rate available.

Change From Last Report:

WORSE

1992: 31.9 per 100,000
1994: 34.1 per 100,000

The primary killer of Tennessee's children, aged 1 to 14, is accidents. Nearly half of them are motor vehicle accidents. The tragedy of these deaths is that many could have been prevented.

The best way to prevent child deaths is the use of child restraints and safety belts. Half of the children killed in motor vehicle accidents were not properly restrained, according to a 1995 report by the Tennessee Department of Safety. Children who are restrained in a car are 11 times more likely to survive a traffic crash than those who are not in a safety seat, according to the Tennessee Department of Safety.

The safety department, through the Tennessee media, has stressed the "Deadly Equation" - the method of calculating the force of the impact an unrestrained child will bear in a traffic accident. The equation is the speed of the vehicle times the weight of the child. For example, a 30-pound child in a car travelling 50 miles per hour can hit a windshield or dashboard with the force of 1,500 pounds.

Child Death Rate Per 100,000 By Leading Causes, Ages 1-4, 1994

CAUSES	NUMBER OF DEATHS	RATE
Accidents	76	27.4
Motor Vehicle Accidents (Included in "ACCIDENTS", above)	31	11.2
Birth Defects	19	6.8
Cancer	10	3.6
Homicide	10	3.6
Two Or More Causes Tied	3	1.1

Source: Tennessee Department of Health

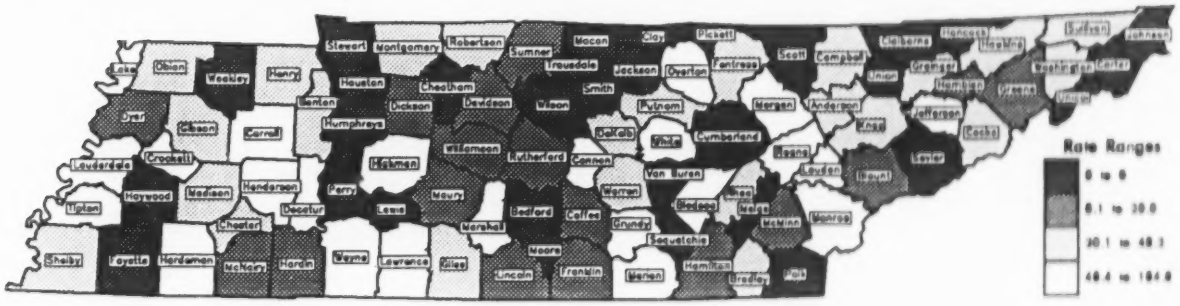
Child Death Rate Per 100,000 By Leading Causes, Ages 5-14, 1994

CAUSES	NUMBER OF DEATHS	RATE
Accidents	79	11.3
Motor Vehicle Accidents (Included in "ACCIDENTS", above)	54	7.7
Cancer	14	2.0
Birth Defects	13	1.9
Heart Disease	11	1.6
Two Or More Causes Tied	8	1.1

Source: Tennessee Department of Health

Child Death Rate Per 100,000 Children Ages 1-14, 1994

Note: This rate is Per 100,000, NOT percent.



County	Child Deaths	
	Number	Rate
Anderson	5	39.0
Bedford	0	0.0
Benton	1	38.9
Bledsoe	1	57.8
Blount	4	25.4
Bradley	5	34.9
Campbell	3	45.1
Cannon	3	141.8
Carroll	4	79.6
Carter	0	0.0
Cheatham	0	0.0
Chester	1	42.5
Claiborne	0	0.0
Clay	0	0.0
Cocke	2	38.0
Coffee	1	11.8
Crockett	2	81.9
Cumberland	0	0.0
Davidson	29	30.0
Decatur	1	56.7
DeKalb	1	37.9
Dickson	1	12.0
Dyer	1	14.0
Fayette	0	0.0
Fentress	1	35.6
Franklin	1	15.4
Gibson	3	35.3
Giles	2	39.5
Grainger	1	31.6
Greene	1	10.3
Grundy	2	74.2
Hamblen	2	21.4
Hamilton	14	26.3

County	Child Deaths	
	Number	Rate
Hancock	0	0.0
Hardeman	4	77.4
Hardin	1	22.5
Hawkins	3	37.4
Haywood	0	0.0
Henderson	3	72.1
Henry	2	42.1
Hickman	6	184.8
Houston	0	0.0
Humphreys	0	0.0
Jackson	0	0.0
Jefferson	3	55.1
Johnson	0	0.0
Knox	21	34.7
Lake	1	91.3
Lauderdale	3	59.3
Lawrence	6	81.2
Lewis	0	0.0
Lincoln	1	17.5
Loudon	3	51.6
McMinn	1	12.6
McNairy	1	23.8
Macon	0	0.0
Madison	8	48.3
Marion	3	60.1
Marshall	3	66.3
Maury	3	25.1
Meigs	0	0.0
Monroe	4	67.0
Montgomery	9	39.6
Moore	0	0.0
Morgan	4	119.9
Obion	2	34.8

County	Child Deaths	
	Number	Rate
Overton	3	94.9
Perry	0	0.0
Pickett	0	0.0
Polk	0	0.0
Putnam	4	43.1
Rhea	2	43.7
Roane	7	86.4
Robertson	3	31.0
Rutherford	7	23.9
Scott	0	0.0
Sequatchie	0	0.0
Sevier	0	0.0
Shelby	88	47.5
Smith	0	0.0
Stewart	0	0.0
Sullivan	8	33.0
Sumner	4	16.8
Tipton	6	61.8
Trousdale	0	0.0
Unicoi	0	0.0
Union	0	0.0
Van Buren	0	0.0
Warren	2	31.4
Washington	5	32.1
Wayne	2	73.7
Weakley	0	0.0
White	3	79.9
Williamson	2	9.5
Wilson	0	0.0
Tennessee	**333**	**34.1**
U.S.A.*		**28.8**

Source: Office of Health Statistics and Information, Tennessee Department of Health.

* U.S. rate is for 1992 from Kids Count Data Book: State Profiles of Child Well-Being. Baltimore, MD: The Annie E. Casey Foundation, 1995.

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Teen Pregnancy

Tennessee Teen Pregnancy Rate Improves

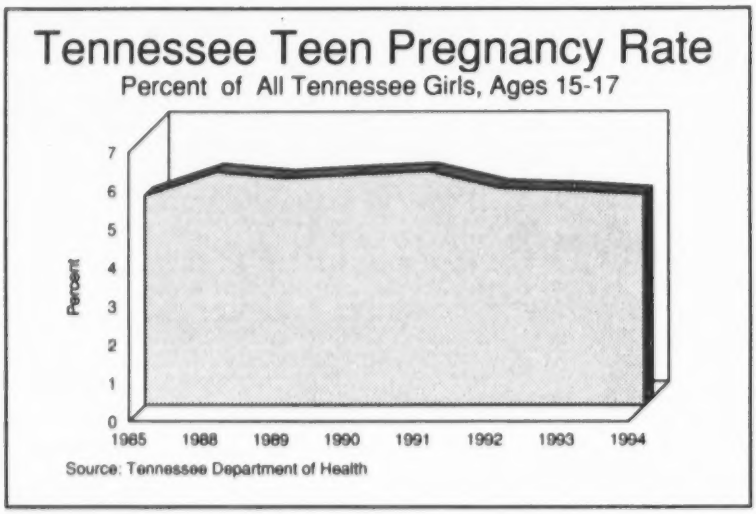
Tennessee's teen pregnancy rate continues to decline. The rate decreased 3% from 1992 to 1994. The data show a progressive trend toward a lower teen pregnancy rate in the state.

Change From Last Report:
BETTER
1992: 56.5 per 1,000
1994: 54.7 per 1,000

The problem of teen pregnancy is compounded by misconceptions. A prevalent one is that it is an adolescent problem. It is, in fact, an adult problem, since 74% of the men involved in the pregnancies among women under 18 were not teens; 35% are aged 18-19, and 39% are at least 20, according to the 1995 Guttmacher study on *Sex and America's Teenagers.*

Another misconception is that young girls have sex voluntarily. For some girls, having sex is not a voluntary choice. The Guttmacher study revealed that the youngest teenagers are especially vulnerable to coercive sex. Some 74% of women who had intercourse before age 14 and 60% of those who had sex before age 15 reported having had sex involuntarily. This raises concerns about the impact of forced intercourse on adolescents' future sexual relationships and teenagers' abilities to protect themselves from sexually transmitted diseases and pregnancy, according to the study.

Early childbearing results in negative medical and social consequences for mother and child. Research has shown that a young pregnant girl's fetus is competing for those very nutrients which the girl's still-maturing body requires. The worst physical effects of childbirth are suffered by mothers under age 15, who have greater risks of complications and mortality. There were 525 pregnancies in 1994 for Tennessee girls ages 10 to 14. Teen mothers under 18 are also likely to have toxemia, anemia, and prolonged labor, as reported in Dryfoos' 1990 book, *Adolescents at Risk: Prevalence and Prevention.*

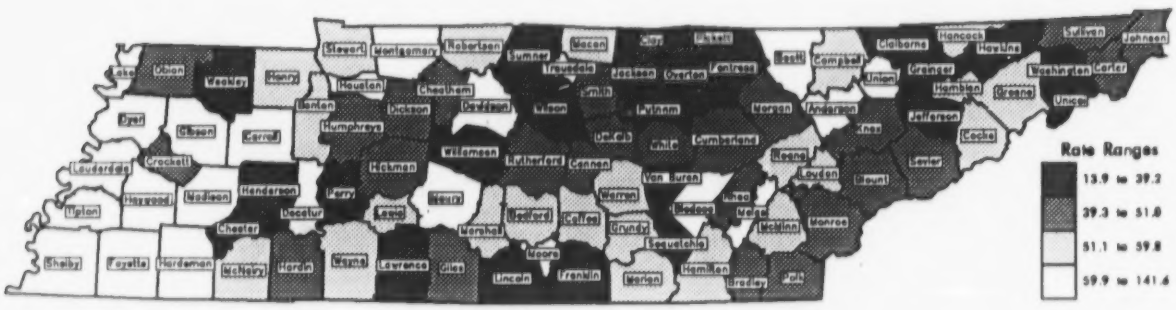


Teens are more likely than older women to have babies whose health is compromised at birth due to inadequate prenatal care. Low birth weight is more common to infants of teens than among babies born to women in their 20s. Teens are also at higher risk of giving birth to a premature infant. Both low birth weight and prematurity are among the leading causes of infant mortality. Additionally, babies born to young mothers are more likely than those born to older mothers to have health problems during childhood and to be hospitalized, according to the Guttmacher report.

Teenagers who become parents are disadvantaged "economically, educationally, and socially, even before they have children, which is a major reason that adolescent parents tend to be poorer later in their lives and to have less education and less-stable marriages. Nevertheless, early childbearing often compounds these initial disadvantages and makes it more difficult for young parents to keep pace with their peers who do not become parents in their teen years. Young people who become parents very early in their lives need far more intensive interventions than other teenagers if they are to overcome these problems," the Guttmacher study says.

Teen Pregnancy Rate (Per 1,000 Women Ages 15-17), 1994

Note: This rate is Per 1,000, NOT percent.



County	Teen Pregnancy Number	Rate
Anderson	83	62.1
Bedford	35	53.2
Benton	16	53.5
Bledsoe	15	84.3
Blount	81	46.1
Bradley	65	39.6
Campbell	47	59.8
Cannon	10	48.5
Carroll	43	79.6
Carter	42	39.6
Cheatham	25	40.4
Chester	10	28.5
Claiborne	25	39.2
Clay	2	13.9
Cocke	34	56.4
Coffee	51	57.8
Crockett	11	42.5
Cumberland	33	45.8
Davidson	627	62.9
Decatur	12	62.2
DeKalb	14	48.8
Dickson	36	43.4
Dyer	49	65.7
Fayette	47	83.3
Fentress	5	15.2
Franklin	24	29.9
Gibson	59	64.7
Giles	25	42.9
Grainger	13	38.6
Greene	63	57.2
Grundy	17	54.5
Hamblen	54	51.3
Hamilton	319	56.1

County	Teen Pregnancy Number	Rate
Hancock	8	58.8
Hardeman	33	64.3
Hardin	24	51.0
Hawkins	31	33.7
Haywood	35	83.3
Henderson	16	36.0
Henry	29	57.8
Hickman	13	39.3
Houston	11	74.8
Humphreys	12	39.9
Jackson	5	29.4
Jefferson	25	32.1
Johnson	12	46.3
Knox	312	43.8
Lake	12	96.8
Lauderdale	41	80.1
Lawrence	21	27.3
Lewis	10	52.9
Lincoln	21	33.8
Loudon	36	57.6
McMinn	49	54.7
McNairy	25	56.9
Macon	18	56.4
Madison	116	65.3
Marion	31	56.3
Marshall	28	58.3
Maury	82	73.1
Meigs	12	72.7
Monroe	30	41.8
Montgomery	136	60.5
Moore	12	114.3
Morgan	16	42.6
Obion	28	42.4

County	Teen Pregnancy Number	Rate
Overton	12	33.8
Perry	5	39.1
Pickett	3	35.7
Polk	14	47.8
Putnam	48	36.8
Rhea	27	48.0
Roane	51	54.4
Robertson	46	52.8
Rutherford	138	41.3
Scott	32	80.6
Sequatchie	6	32.1
Sevier	50	45.5
Shelby	1,395	76.9
Smith	15	51.0
Stewart	11	56.7
Sullivan	114	41.7
Sumner	93	37.2
Tipton	65	73.3
Trousdale	16	141.6
Unicoi	12	35.2
Union	21	66.5
Van Buren	2	20.0
Warren	39	55.3
Washington	63	32.1
Wayne	17	57.4
Weakley	27	29.2
White	18	48.3
Williamson	55	26.0
Wilson	53	34.4

Tennessee	5,730	54.7

Source: Office of Health Statistics and Information, Tennessee Department of Health.

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Drug Abuse

Referrals for Illegal Drugs Increase

The question we must answer is whether the use of illegal drugs is growing among teenagers in Tennessee. It must be noted that collecting data on drug use among teenagers is difficult because of self-reporting.

The Tennessee Department of Health commissioned a study through Community Health Research Group, University of Tennessee, Knoxville, that surveyed 76,000 9th through 12th graders at 106 high schools throughout the state during 1995. This study appears to be one of the most extensive conducted in Tennessee to date.

The preliminary findings of the study indicate that alcohol is the drug of choice among Tennessee teens. Out of the 36,818 female teens surveyed, 35% reported they drink alcohol and out of the 34,367 male teens surveyed, 33% reported they drink alcohol.

Marijuana was the second preferred drug among teens, according to the statewide survey. Seventeen percent of the surveyed female teens (11,931) and 19% of the surveyed male teens (25,611) reported that they smoke marijuana regularly.

Inhalants were third on the list of preferred drugs of teens. Nine percent of the surveyed females (6,284) and nine percent of the surveyed males (6,688) have used inhalants. Many of the teens claimed to have used inhalants within one to five days of the study.

Teens also reported that they used crack, cocaine, heroin, LSD, and other hallucinogens. Usage rates of these drugs ranged from a high of 6% male teen use of LSD to a low of 1% female teen use of heroin.

According to the referral data of the Tennessee Council of Juvenile and Family Court Judges, there was a 12% increase in overall referrals for drug-related offenses from 1991 to 1994. The largest increase was in the possession and sale of controlled substances.

Juvenile Court Referrals for Drug-Related Offenses

1991, 1992, and 1994*

Drug Offense	1991	1992	1994
Alcohol	3,535	3,549	2,083
Drug Sale	707	508	1,206
Drug Possession	367	599	1,116
DUI	252	272	273
Other	438	613	1,257
TOTAL	5,300	5,541	5,935

Source: Tennessee Council of Juvenile and Family Court Judges
*1993 data was not included since Davidson County's data were not reported.

HIV/AIDS

Many Current AIDS Patients Infected as Teens

HIV/AIDS is a significant health problem for infants, children, and adolescents in Tennessee. AIDS (acquired immune deficiency syndrome), is a result of infection with the human immunodeficiency virus (HIV). HIV attacks and destroys the immune system, leaving the body unable to fight sickness and disease. To date, there is no known cure for the disease. The HIV virus lives in blood, semen, and vaginal secretions and is spread: from an infected pregnant woman to her baby; through blood transfusions and blood-clotting products; having sex with an infected partner; and sharing needles with an infected person.

Perinatally exposed newborn babies of HIV-infected mothers are of particular concern. All infants of HIV-infected mothers have the antibodies at birth, though only an approximate 25% to 30% go on to develop HIV infection. The Tennessee Department of Health reports that new research into treatment of HIV-infected mothers and their newborns promises to reduce the rate of infection among newborns to approximately 8%. AZT treatments for HIV-infected pregnant women significantly reduced the percentage of babies born with AIDS, according to a recent national study.

AIDS is spreading more rapidly among young adults in Tennessee than across the nation as a whole, according to the Tennessee Department of Health. Teens who are sexually active and use alcohol and drugs are at increased risk for HIV infection. State records show 25% (886 cases) of the cumulative reports of persons with AIDS in Tennessee (3,487 cases) were aged 20-29 at the time of their diagnosis. The national average is 19%. It is likely that many of these young adults became infected with HIV as teens since it takes seven to ten years for someone infected with HIV to develop an AIDS-related condition.

Sexually active teens who have unprotected sex with many partners are at serious risk of contracting the HIV virus. In the 1992 Risk Behavior Survey conducted statewide with 3,234 teens, 25% of the sexually active teens reported having four or more partners. Of those who had sexual intercourse in the last three months, only 51% used condoms.

The results of the Centers for Disease Control national survey of HIV infection among childbearing women reveals that 233 of the 394 HIV positive childbearing women in the survey were aged 13-24 at delivery, indicating infection, or possible infection, during their teen years.

The Tennessee Department of Health estimates that at any point in time, 50% or more of persons infected with HIV have not been tested. The exact number of Tennesseans infected with HIV at any age, therefore, is unknown.

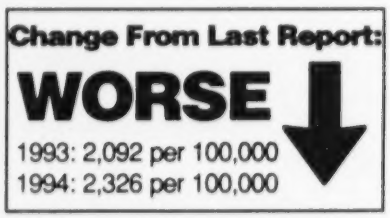
It is estimated that 14,000 persons are currently infected with the HIV virus, according to the Tennessee Department of Health. In 1993, an estimated 2,000 people became infected and by the end of 1994, a total of 16,000 will become infected with HIV as estimated by projections of the Tennessee Department of Health. Nationally, one million persons are estimated to be HIV infected and worldwide estimates are 10-12 million infected persons, according to the Centers for Disease Control.

STDs (sexually transmitted diseases)

Teen STD Rate Worsens After Earlier Gain

The rate of teen sexually transmitted diseases (STDs) increased 11% from 1993 (2,092 per 100,000) to 1994 (2,326 per 100,000). This increase occurs after a dramatic 21% decline from 1991 (2,636.4 per 100,000) to 1993 in the state's STD rate.

In 1994, 8,396 teens aged 15-19 contracted a sexually transmitted disease. This fluctuation in the STD rate indicates the problem of teens with STDs is not improving.



Nationally, 3,000,000 teens acquire an STD every year. These diseases are extremely common among sexually experienced teenagers, as stated in the Guttmacher Institute's 1994 national report *Sex and America's Teenager*. The report states that teens are more likely to have sex sporadically. This tendency can affect their efforts to prevent STDs and unintended pregnancy by making them unprepared to use contraceptives when they have intercourse, according to the report.

Through sexual intimacy, various types of disease such as gonorrhea, syphilis, chlamydia, genital warts, genital herpes, hepatitis B, and HIV can be transmitted. Fortunately chlymidia, trichomoniasis, and syphilis can generally be cured quite easily if they are treated at an early stage. If not treated early, both chlamydia and gonorrhea can cause infertility.

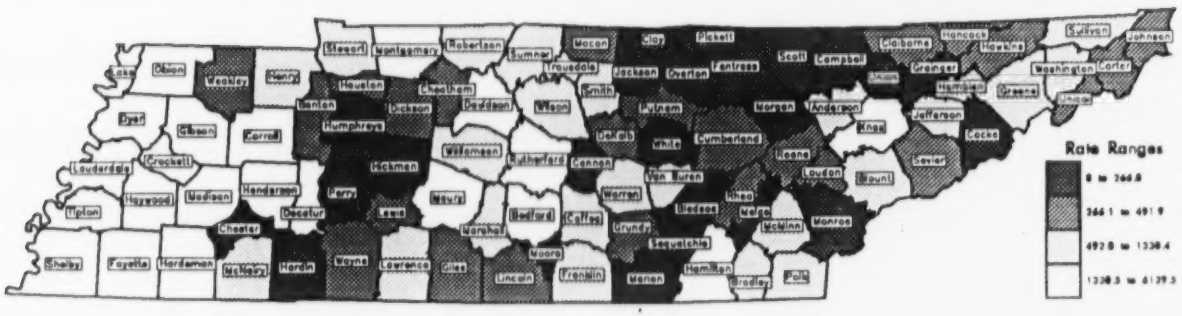
Other consequences of STDs can be life-threatening. Viral infections such as HPV, genital herpes, hepatitis B, and HIV cannot be cured and can be transmitted to sexual partners even years after initial viral infections. The consequences for the infected person with a noncurable, viral STD include cancer, cirrhosis, and immune system disorders.

Females are at greater risk of developing STDs than males because anatomical differences make many of these diseases more easily transmissible to women. In addition, female teens may be more biologically susceptible to STDs than older women. A young woman may have a higher risk of cervical infections because her cervix has not completely undergone age-related developmental changes. Female teens also have fewer protective STD antibodies.

Additionally, female teens are confronted with many problems regarding their sexuality that adult women are not faced with, concludes the Guttmacher report. The report says the difficulties facing female teens include: lack of experience in negotiating with their partner about contraceptive use; fear of disclosure; lack of access to a source of appropriate care; and contradictory messages about contraception and responsible behavior delivered from the media, schools, their peers, and, sometimes, their parents.

Sexually Transmitted Disease Rate (for Teens 15-19), 1994

Note: This rate is Per 100,000, NOT percent.



County	STD Number	STD Rate
Anderson	60	1,330.4
Bedford	46	2,081.4
Benton	3	320.2
Bledsoe	1	129.4
Blount	38	642.3
Bradley	49	868.5
Campbell	7	265.4
Cannon	1	137.4
Carroll	27	1,427.1
Carter	15	417.4
Cheatham	10	488.0
Chester	2	167.1
Claiborne	7	327.4
Clay	1	207.5
Cocke	5	240.0
Coffee	30	1,053.7
Crockett	14	1,600.0
Cumberland	10	406.5
Davidson	1435	4,111.5
Decatur	12	1,796.4
DeKalb	4	409.0
Dickson	11	403.8
Dyer	55	2,216.8
Fayette	54	2,615.0
Fentress	3	264.8
Franklin	14	500.4
Gibson	84	2,765.0
Giles	7	353.5
Grainger	1	80.8
Greene	27	704.8
Grundy	5	485.9
Hamblen	34	926.9
Hamilton	614	3,149.8

County	STD Number	STD Rate
Hancock	2	432.9
Hardeman	83	4,848.1
Hardin	3	188.0
Hawkins	12	386.2
Haywood	43	2,963.5
Henderson	31	2,079.1
Henry	20	1,143.5
Hickman	3	260.2
Houston	2	413.2
Humphreys	2	187.8
Jackson	0	0.0
Jefferson	19	692.4
Johnson	3	324.3
Knox	487	1,975.5
Lake	16	3,720.9
Lauderdale	54	3,268.8
Lawrence	15	579.2
Lewis	2	308.6
Lincoln	10	491.9
Loudon	9	419.0
McMinn	19	627.9
McNairy	9	609.8
Macon	3	272.0
Madison	368	6,139.5
Marion	5	266.0
Marshall	9	562.1
Maury	182	4,717.5
Meigs	0	0.0
Monroe	6	247.1
Montgomery	124	1,484.1
Moore	0	0.0
Morgan	2	150.2
Obion	32	1,391.3

County	STD Number	STD Rate
Overton	0	0.0
Perry	0	0.0
Pickett	0	0.0
Polk	6	618.6
Putnam	22	469.9
Rhea	6	315.3
Roane	9	280.6
Robertson	30	1,005.4
Rutherford	153	1,346.6
Scott	3	212.0
Sequatchie	1	147.7
Sevier	11	290.2
Shelby	3439	5,372.4
Smith	8	817.2
Stewart	4	599.7
Sullivan	54	568.1
Sumner	79	933.3
Tipton	76	2,481.2
Trousdale	7	1,737.0
Unicoi	5	458.3
Union	1	94.5
Van Buren	2	591.7
Warren	27	1,155.8
Washington	70	1,040.7
Wayne	3	300.0
Weakley	8	269.1
White	1	74.0
Williamson	64	935.9
Wilson	46	885.5

Tennessee	**8,396**	**2,326.0**

Note: Rate is based on the 1994 population estimates made by the Department of Sociology, University of Tennessee, Knoxville.

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Violent Deaths

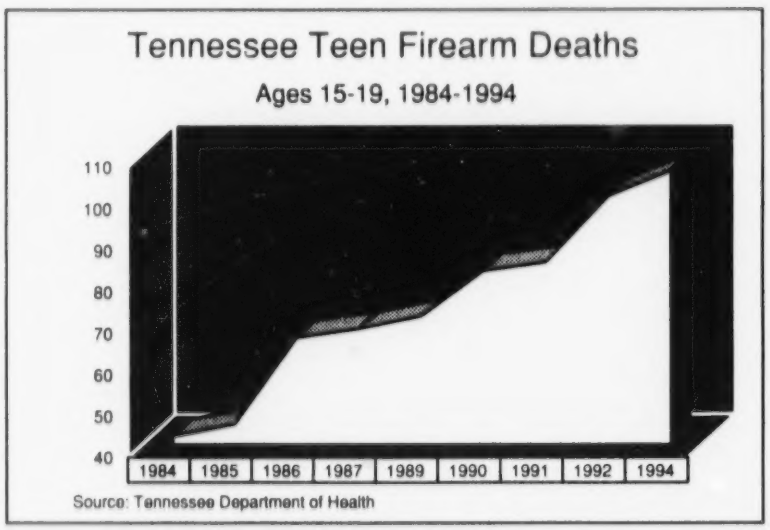
Teen Firearm Deaths Increase Dramatically

The number of teen violent deaths has grown 30% in the past decade for teens aged 15-19. In 1984, there were 253 violent teen deaths, compared to 330 in 1994. Violent deaths include motor vehicle accidents, suicides, and homicides.

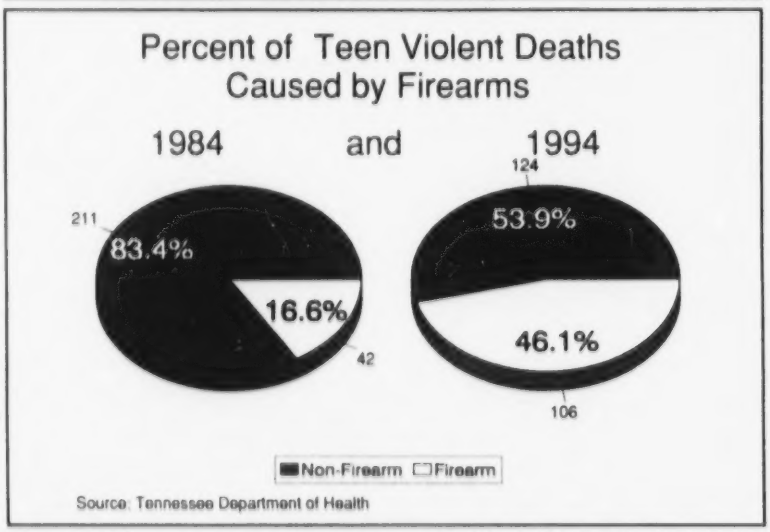
The leading cause of teen violent deaths is motor vehicle accidents. Out of a total number of 407 deaths of all causes, 45% (182 deaths) were due to motor vehicle accidents. The majority of the motor vehicle deaths could have been prevented if more of the teens had been wearing seat belts.

Change From Last Report:
WORSE
1992: 73.9 per 100,000
1994: 91.4 per 100,000

Teen firearms deaths are increasing to make firearms injuries the second leading cause of teen violent deaths. In 1994, 46.1% (106 deaths) of teen violent deaths were firearm related. In the past decade, there has been a 152% increase in teen firearm deaths. In 1984, there were only 42 deaths from firearms compared to 106 in 1994.



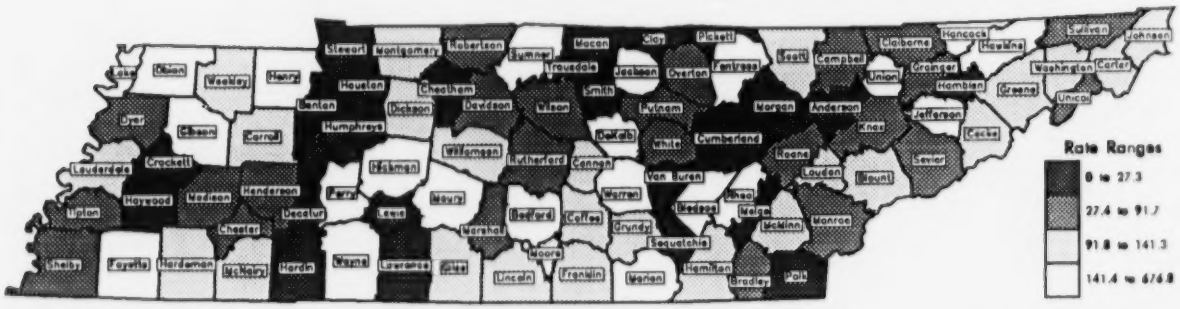
Nationally, Tennessee ranked 36th on this indicator. As reported in the 1995 *Kids Count Data Book*, the state's teen violent death rate in 1992 was 15% higher than the national average. In 1992, the U.S. average was 66.6 per 100,000 teens compared to Tennessee's 1992 rate of 76.9 per 100,000.



The most populated Tennessee counties with large urban areas accounted for 36% of the teen violent deaths - Shelby, Davidson, Knox, and Hamilton Counties.

Teen Violent Death Rate (Per 100,000 Teens Ages 15-19), 1994

Note: This rate is Per 100,000, NOT percent.



County	Violent Death	
	Number	Rate
Anderson	0	0.0
Bedford	4	181.0
Benton	0	0.0
Bledsoe	3	388.1
Blount	6	101.4
Bradley	2	35.4
Campbell	1	37.9
Cannon	1	137.4
Carroll	2	105.7
Carter	4	111.3
Cheatham	0	0.0
Chester	1	83.5
Claiborne	1	46.8
Clay	0	0.0
Cocke	2	96.0
Coffee	4	140.5
Crockett	0	0.0
Cumberland	0	0.0
Davidson	32	91.7
Decatur	0	0.0
DeKalb	2	204.5
Dickson	3	110.1
Dyer	2	80.6
Fayette	3	145.3
Fentress	3	264.8
Franklin	3	107.2
Gibson	5	164.6
Giles	2	101.0
Grainger	1	80.8
Greene	4	104.4
Grundy	1	97.2
Hamblen	1	27.3
Hamilton	18	92.3

County	Violent Death	
	Number	Rate
Hancock	1	216.5
Hardeman	2	116.8
Hardin	0	0.0
Hawkins	5	160.9
Haywood	0	0.0
Henderson	1	67.1
Henry	5	285.9
Hickman	5	433.7
Houston	0	0.0
Humphreys	0	0.0
Jackson	4	676.8
Jefferson	4	145.8
Johnson	1	108.1
Knox	15	60.8
Lake	2	465.1
Lauderdale	2	121.1
Lawrence	0	0.0
Lewis	0	0.0
Lincoln	2	98.4
Loudon	2	93.1
McMinn	4	132.2
McNairy	2	135.5
Macon	0	0.0
Madison	4	66.7
Marion	5	266.0
Marshall	1	62.5
Maury	7	181.4
Meigs	0	0.0
Monroe	1	41.2
Montgomery	9	107.7
Moore	1	283.3
Morgan	0	0.0
Obion	4	173.9

County	Violent Death	
	Number	Rate
Overton	1	80.1
Perry	1	221.7
Pickett	0	0.0
Polk	0	0.0
Putnam	2	42.7
Rhea	3	157.6
Roane	1	31.2
Robertson	2	67.0
Rutherford	7	61.6
Scott	2	141.3
Sequatchie	0	0.0
Sevier	3	79.1
Shelby	53	82.8
Smith	0	0.0
Stewart	0	0.0
Sullivan	5	52.6
Sumner	14	165.4
Tipton	2	65.3
Trousdale	0	0.0
Unicoi	1	91.7
Union	2	189.0
Van Buren	0	0.0
Warren	6	256.8
Washington	9	133.8
Wayne	2	200.0
Weakley	4	134.5
White	1	74.0
Williamson	7	102.4
Wilson	2	38.5
Tennessee	**330**	**91.4**
U.S.A.*		**66.6**

Source: Office of Health Statistics and Information, Tennessee Department of Health.

* U.S. rate is for 1992. Kids Count Data Book: State Profiles of Child Well-Being. Baltimore, MD: The Annie E. Casey Foundation, 1995.

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Immunizations

Immunization Rate Improves

The 1994 vaccine completion rate improved 9% from 1993. The rate in 1993 was 72% compared to 78.6% in 1994, as reported in the annual statewide survey of 1,701 children aged 24 months conducted by the Tennessee State Department of Health. Compared to other states, Tennessee ranked 31st for two-year-old immunizations, according to results of the National Immunization Survey. The rate was for the basic 4:3:1 series (four doses of diptheria-pertussis-tenanus, three doses of oral polio vaccine, and one dose of measles-mumps-rubella).

The 1994 vaccine completion rate is far from Tennessee's goal of 90% for the year 2000. To meet this goal, the state health department is looking at ways to identify children who are at risk of not being fully immunized and develop strategies to provide immunizations for them.

Data that will help the state department in developing immunization strategies are collected during their annual immunization survey. A portion of the survey analyzes risk factors associated with incomplete vaccination by 24 months of age. The five risk factors, in order of degree of influence are: age at first immunization; birth order; mother's age; mother's marital status; race; and mother's education. The first three factors are the most predictive of incomplete vaccination compared to the other variables: the child's age at first vaccination; the child's birth order; and the age of the mother.

The state health department reports that these variables are useful in developing methods to focus on those at highest risk of incomplete vaccination. Follow-up efforts are prioritized by the Department of Health on the basis of the identified risk factors.

To improve immunization rates, there must be increased awareness of the necessity for age-appropriate inoculations and an understanding that minor illnesses should not be considered contraindications to vaccination. Access to and opportunities for early childhood immunizations are essential to reach the 90% immunization-rate goal by the year 2000.

Vaccination Survey Rate of 24-Month-Old Children

REGION	"4:3:1" COMPLETION RATE (%) 1992	1993	1994
East	69.7	77.7	86.1
Central	79.3	77.5	85.3
Middle	77.7	72.7	82.0
West	87.6	74.8	88.2
Memphis-Shelby	56.0	51.3	67.3
Nashville-Davidson	66.5	72.8	72.6
Knoxville-Knox	68.7	72.9	82.3
Chattanooga-Hamilton	68.7	72.7	66.4
Jackson-Madison	78.7	82.7	80.8
Sullivan	80.0	74.4	82.8
Tennessee (weighted)	**70.4**	**72.0**	**78.6**

Source: Tennessee Department of Health, 1993, 1994.

Chapter 3
Education

" 'Tis education forms the common mind:
Just as the twig is bent, the tree's inclined."

Alexander Pope, 1669 - 1774

Early Education

Studies Show Early Education Is Critical

Learning should begin long before a child enters kindergarten. Well-designed and well-run preschool programs have significant short- and long-term benefits, especially for low-income children. These quality programs are cost effective because the benefits accrued are greater than the cost of the program. Research by Dr. Irving Lazar and others concluded that studies on quality preschool programs have "demonstrated that the provision of appropriate services can mitigate the depressing effects of poverty on cognitive and social development," as stated in *As the Twig is Bent: Lasting Effects of Preschool Programs.*

A study of the benefits for children who attended a quality preschool compared to children who did not attend showed that preschool participants:

- had improved educational performance as measured on standard intelligence tests;
- had higher math and reading scores in elementary school;
- were less likely to be placed in special education or remedial classes;
- were better equipped to meet the requirements for a high school diploma;
- had higher self-esteem;
- had higher aspirations for themselves; and
- had increased participation in the labor market in adolescence and early adulthood.

Another study, the High/Scope Perry Preschool Project, was found to be effective in the prevention of delinquency, substance abuse, and teen pregnancy. This project is most significant in that it followed the preschool children through age 27. The results of the project showed that good preschool programs can help children in poverty make a better start in their transition from home to community and set more of them on paths to becoming economically self-sufficient, socially responsible adults. Over the lifetimes of the participants, the program returns to the public an estimated $7.16 for every dollar invested.

Quality preschool programs are carefully designed for the young child, in the three to-eight-year-old range, who acquire knowledge in ways that are significantly different from the way older children learn. In a statement by the National Association of Elementary Principals, younger children learn best "through direct sensory encounters with the world and not through formal academic processes. Since early childhood is a period of rapid mental growth and development, children seek out the stimuli they need to nourish these developmental abilities . . . Young children acquire knowledge by manipulating, exploring, and experimenting with real objects. They learn almost exclusively by doing, and through movement."

When planning programs for young children, the Southern Early Childhood Association (1990) recommends preschool planners to consider their position statement:

- Children learn and grow as whole persons.
- Children learn through active engagement and through conversation and dialogue concerning their experiences.
- All children can learn and, given appropriate setting, want to learn.
- Children learn quickly when material is presented in meaningful ways at appropriate times.
- Children exhibit different learning styles.
- Children grow and develop through predictable stages, but at individual rates.

Regulated Child Care Agencies and Spaces, July 1, 1995

County	Child Care	
	Agencies	Spaces
Anderson	65	3,244
Bedford	49	1,405
Benton	16	331
Bledsoe	5	180
Blount	52	2,677
Bradley	72	2,399
Campbell	18	375
Cannon	29	239
Carroll	21	706
Carter	36	1,244
Cheatham	29	1,237
Chester	12	205
Claiborne	25	519
Clay	12	414
Cocke	21	542
Coffee	93	3,403
Crockett	9	333
Cumberland	36	1,343
Davidson	557	30,535
Decatur	9	238
DeKalb	29	367
Dickson	28	1,599
Dyer	47	1,324
Fayette	11	274
Fentress	24	362
Franklin	47	799
Gibson	62	1,536
Giles	41	615
Grainger	8	166
Greene	29	1,192
Grundy	9	197
Hamblen	63	2,263
Hamilton	353	16,877
Hancock	6	117
Hardeman	26	474
Hardin	10	265
Hawkins	32	680
Haywood	21	590
Henderson	21	637
Henry	43	650
Hickman	14	285
Houston	4	86
Humphreys	12	572
Jackson	14	316
Jefferson	26	580
Johnson	9	294
Knox	336	18,028
Lake	5	77

County	Child Care	
	Agencies	Spaces
Lauderdale	14	706
Lawrence	38	1,073
Lewis	12	133
Lincoln	32	711
Loudon	25	849
McMinn	40	995
McNairy	24	391
Macon	24	291
Madison	94	5,610
Marion	21	535
Marshall	18	406
Maury	80	2,419
Meigs	8	96
Monroe	15	439
Montgomery	111	4,403
Moore	4	43
Morgan	8	113
Obion	29	769
Overton	27	377
Perry	13	190
Pickett	15	129
Polk	8	154
Putnam	84	2,992
Rhea	18	452
Roane	17	691
Robertson	37	1,087
Rutherford	130	10,014
Scott	11	161
Sequatchie	6	180
Sevier	43	1,603
Shelby	709	43,002
Smith	32	372
Stewart	6	67
Sullivan	134	4,785
Sumner	74	4,340
Tipton	25	1,042
Trousdale	8	187
Unicoi	13	211
Union	6	143
Van Buren	3	53
Warren	62	1,591
Washington	67	3,828
Wayne	13	266
Weakley	59	1,303
White	29	521
Williamson	62	4,723
Wilson	75	4,039
Tennessee	**4,879**	**211,276**

Source: Tennessee Department of Human Services, July, 1995.

Education Data

TENNESSEE COMPREHENSIVE ASSESSMENT PROGRAM

The Tennessee Comprehensive Assessment Program (TCAP) includes four state-mandated testing programs: a customized testing series in grade 2-8; a norm-referenced achievement test in grade 10; a writing assessment in grades 4, 8, and 11; and a competency test administered initially in grade 9.

The customized TCAP Achievement Test for grades 2-8 combines norm-referenced and criterion-referenced test items. The norm-referenced portion is the Comprehensive Test of Basic Skills, Fourth Edition (CTBS/4), a nationally normed test developed and published by CTB/McGraw-Hill. The norm-referenced subtests include assessment of skills in math, reading, language, science, social studies, study skills, and spelling. The criterion-referenced subtests assesses grade-level mastery of language arts and math skills.

TEST RESULTS FOR NATIONAL COMPARISON

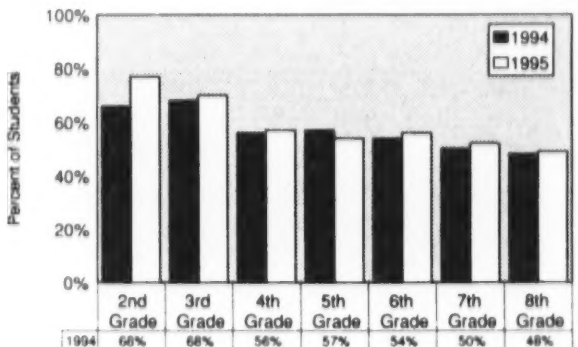
The results of the norm-referenced portion of the 1995 TCAP showed that compared to other students in the nation, Tennessee students are performing within the average range. Their scores clustered in the 5th and 6th stanines. Stanine scores of 7, 8, and 9 are considered above average; 4, 5, and 6 are average; and 1, 2, and 3 are below average.

The norm-referenced portion reflects as comprehensively as possible the curricula of schools throughout the country. These test items measure grade-level skills as well as those above and below grade level.

TEST RESULTS ON GRADE-LEVEL SKILLS

The 1995 results of the criterion-referenced portion of TCAP showed that only 48% of Tennessee students in grades 2-8 mastered grade level math and language skills. These findings show that students are not mastering the required skills for their grade levels yet are promoted to the next grade.

Mastery of Grade-Level Language Skills on TCAP



	2nd Grade	3rd Grade	4th Grade	5th Grade	6th Grade	7th Grade	8th Grade
1994	66%	68%	56%	57%	54%	50%	48%
1995	77%	70%	57%	54%	56%	52%	49%

Source: State Testing and Evaluation Center

For language arts skills, only 59% of students in grades 2-8 mastered grade-level language arts skills on the 1995 TCAP exam. Second grade had the highest percent of language mastery with 77% mastering 2nd grade language skills. Eighth grade had the lowest percent of grade-level mastery in language with 49% mastering 8th grade skills.

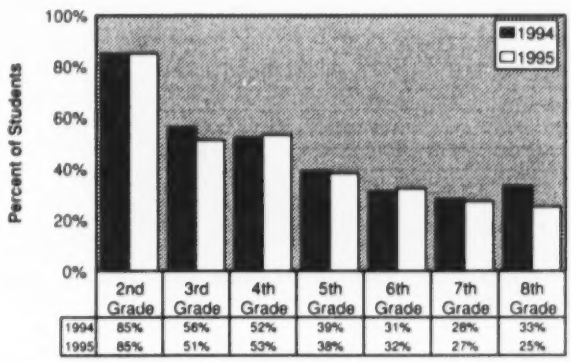
52

mastery in language with 49% mastering 8th grade skills.

For math skills, only 44% of students in grades 2-8 mastered grade-level math skills on the 1995 TCAP exam. Second grade had 85% mastery - the highest percent among all grades - of math skills. The lowest percent of math skill mastery was 8th grade with only 25% mastering their math skills.

The criterion-referenced portion provides diagnostic information by assessing levels of mastery for math and language arts skills found in the state curriculum. Only grade-level skills are tested on the criterion-referenced portion of TCAP.

Mastery of Grade-Level Mathmetics Skills on TCAP



	2nd Grade	3rd Grade	4th Grade	5th Grade	6th Grade	7th Grade	8th Grade
1994	85%	58%	52%	39%	31%	28%	33%
1995	85%	51%	53%	38%	32%	27%	25%

Source: State Testing and Evaluation Center

TCAP WRITING ASSESSMENT

The results of the first statewide administration of the writing assessment in 1995 showed that only 26% of the students scored in the mid to high range of 3.5 to 6.0. Seventy-four percent of the students scored in the mid to low range of 3.0 to 1.0. The writing assessment was scored holistically, focusing on the overall quality of the student essays. The table in this section shows the writing assessment scores for students in grades 4, 8, and 11. The scores are based on a holistic scale ranging from a low of 1.0 to a high of 6.0.

1994 TCAP WRITING ASSESSMENT STATEWIDE SUMMARY

Writing Score	Grade 4	Grade 8	Grade 11
6.0	<1%	<1%	<1%
5.5	<1%	<1%	<1%
5.0	1%	1%	2%
4.5	2%	3%	4%
4.0	4%	9%	10%
3.5	9%	16%	15%
3.0	20%	28%	21%
2.5	21%	18%	18%
2.0	26%	17%	18%
1.5	8%	4%	7%
1.0	5%	3%	4%
Non-scorable	4%	1%	1%
TOTAL	100%	100%	100%

Source: State Testing and Evaluation Center, (1995). Tennessee Student Test Results 1994-95: Tennessee Comprehensive Assessment Program.

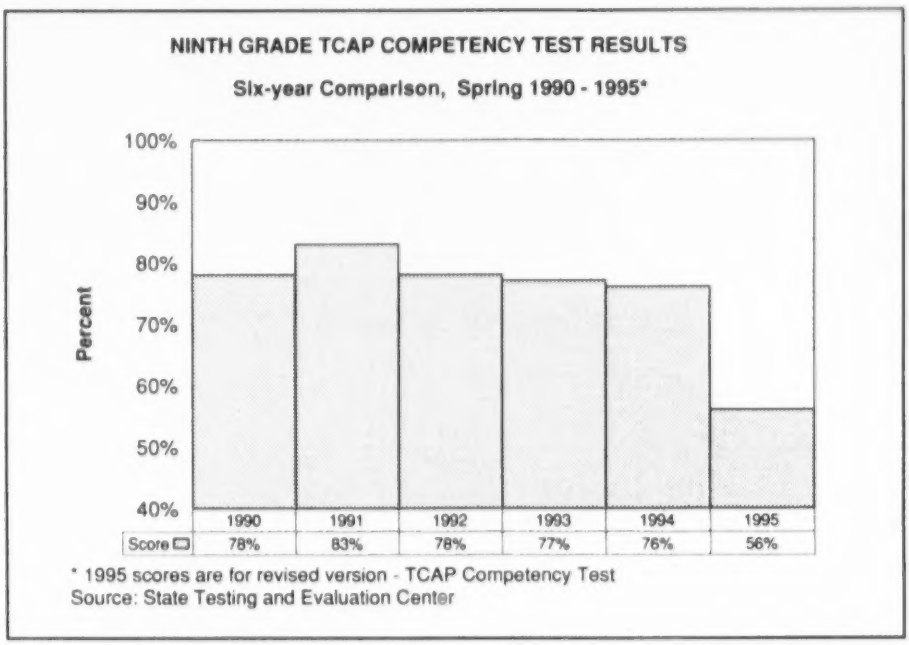
Students are required to write essays in response to a specified prompt in a timed setting, with different styles of writing required at each grade level. Three grade levels were targeted for the writing assessment - grades 4, 8, and 11. Fourth graders were asked to compose a descriptive/narrative essay, eighth graders - an expository essay, and eleventh graders - a persuasive essay. Targeting these grades provides a longitudinal view of student writing effectiveness, according to State Testing and Evaluation Center.

"The TCAP Writing Assessment was developed to measure student progress towards proficient

writing ability. It assesses a student's ability to demonstrate mastery of the writing skills in Tennessee language arts curriculum. The results of the writing assessment are important for educators to use in the development of students' individualized instructional plans since the summary level data identifies strengths and weaknesses in students' writing ability," as stated in a publication from State Testing and Evaluation Center.

THE TCAP COMPETENCY TEST

The first administration of the TCAP Competency Test (TCAP/CT) was in 1995. Passing the TCAP Competency Test is a high school graduation requirement. It replaces the Tennessee Proficiency Test. Many of the Tennessee Proficiency Test math and language objectives were changed to include higher-level objectives as directed by the Tennessee State Board of Education. The proficiency testing program was established in 1981 by the Tennessee State Board of Education and endorsed by the Tennessee General Assembly to ensure that students who graduate from public high schools with regular high school diplomas have demonstrated competency in a common set of basic skills.



The General Assembly amended the proficiency requirement in 1988 to allow, with State Board of Education approval, fulfillment of this requirement through satisfactory performance on specific TCAP math and language arts test items in the criterion-referenced component of the eighth grade TCAP.

Since higher-level skills are tested on the TCAP/CT, it is a more difficult test to pass than the old Tennessee Proficiency Test. Only 56% of all ninth grade students satisfied the math and language arts requirements of the upgraded TCAP/CT in 1995 compared to 76% of ninth grade students who passed both parts of the old Tennessee Proficiency Test in 1994. On the TCAP Competency Test in math, 61% of all ninth graders' scores satisfied the competency requirement. For language arts, 73% satisfied the competency requirement.

TEST RESULTS FOR COLLEGE ENTRANCE EXAMS

Two college entrance exams are administered to college-bound students in Tennessee, the American College Test (ACT) and the Scholastic Aptitude Test (SAT).

The majority of students in Tennessee take the ACT for admission to public colleges and universities. Approximately 68% of the state's college-bound students take the ACT, compared to an average of 37% of students nationwide.

Most Tennessee students who take the SAT are planning to attend either out-of-state or private colleges or universities. Only 12% of Tennessee college-bound students take the SAT compared to 41% of the nation's students.

RESULTS OF THE AMERICAN COLLEGE TEST (ACT)

In 1995, Tennessee students' ACT composite score of 21.4 was 3% lower than the national average of 22.0. Comparing the state's average from 1994 to 1995, the average score declined 5%. The Tennessee students who took the test in 1995 made an average composite score of 21.5 in 1994, compared to 21.4 in 1995. The math scores declined 1% from 1994 (20.6 average) to 1995 (20.4 average).

The average ACT scores on the English, reading, and science subtests remained the same in 1994 and 1995. The average English score was 21.5, the reading score was 22.1; and the science average was 21.2.

Tennessee has one of the highest percentages of students taking the ACT, compared to other states. Since a greater proportion of students take the ACT, the achievement level of the testing pool becomes more diverse and reduces the average scores to a lower level.

SCHOLASTIC APTITUDE TEST (SAT)

Tennessee's overall SAT scores for 1995 are considerably higher than the national average. In 1995, the Tennessee college-bound students who took the SAT scored 59 points higher on the verbal section than the national average and 61 points higher on the math section, compared to other students nationally.

Comparing the Tennessee SAT scores of 1994 and 1995, students who took the test in 1995 scored higher on both the verbal and math sections than those who took it in 1994. Using a score range of 200 to 800, the 1995 average score on the verbal section (497) was nine points higher than in 1994 (488). The math average score in 1995 (543) was eight points higher than in 1994 (535).

On other sections of the SAT, the results for 1995 were:

- Writing - 78% of Tennessee students scored in the 500 to 800 range, compared to 55% of the nation's students. Tennessee's average score for writing was 568, compared with the national average of 514.
- Chemistry - 84% of Tennessee students scored 500 or higher compared to 77% of the nation's students. Tennessee's average score in chemistry was 605, compared to the national average of 577.
- Physics - 89% of Tennessee students scored 500 or higher, compared to 85% of the nation's students.

Among the state's students who took the SAT in 1995, 65% attended public high school, 22% attended independent schools and 13% attended religiously affiliated high schools. For Tennessee public high school students, the average on the verbal section was 496 compared with a 499 verbal average for non-public schools. The state's average math score for public school students was 543 compared to a 540 math average for non-public school students.

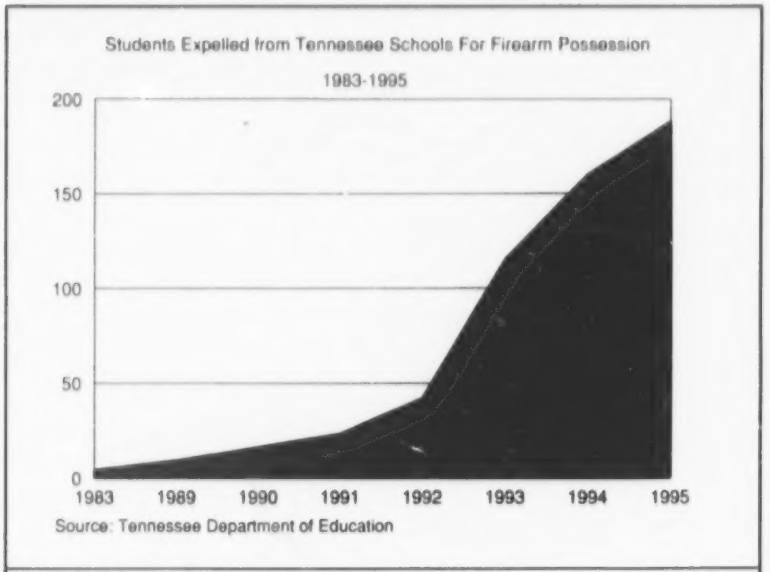
Tennessee's overall SAT averages tend to be higher than the national average since only 12% of Tennessee students take the exam. Most Tennessee students who take the SAT plan to attend an out-of-state or private college or university.

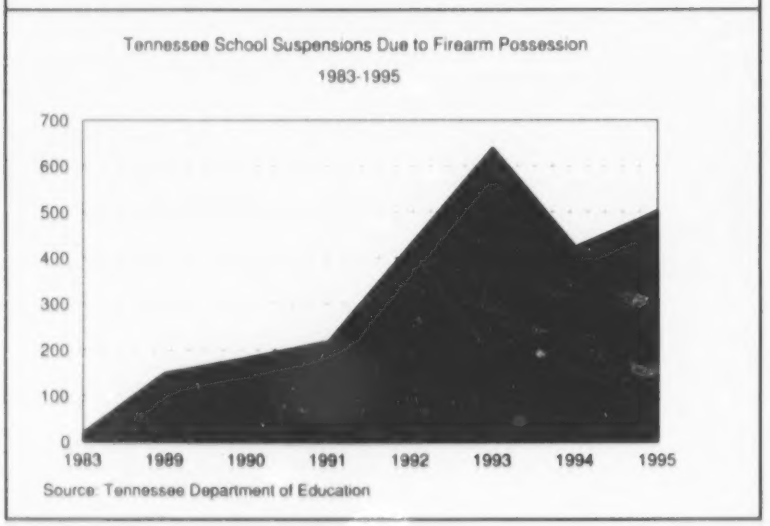
School Violence

Firearms Most Common Reason For Expulsions

An increase of 101.7% in the number of students expelled from Tennessee public schools in the 1994-95 school year suggests a growing problem of school violence. The most common reason for the expulsions in academic years 1994-95 and 1993-94 was possession or use of firearms or other dangerous weapons. The next most common reason was drug violations.

Violent behavior accounted for 20% of all expulsions in 1994-95. In Davidson County, the percentage expelled for violent behavior was 20% and in Shelby County school system it was 34% - the highest percentage in the state. The third highest total for any county was Robertson County. Six percent of the students expelled there were expelled for violent behavior.





The Tennessee State Board of Education established a School Safety Committee in July of 1993. After conducting statewide meetings, this committee identified several common threads of concern. These were:

- juvenile gun possession,
- the need for and the lack of sufficient alternative placement options for disruptive students,
- the necessity for student and parent participation in safe schools,
- cooperation among community agencies serving youth, and
- the unique procedural requirements involved in discipline of children with disabilities.

A research study by S. Kadel and J. Follman, *Reducing School Violence*, says, "each school day, more than 160,000 students skip classes because of fear of physical harm." Another study, by the research division of the National Council of Juvenile and Family Court Judges in May 1995, found that "personal crimes with juvenile victims occur most often in school or on school property."

The Office of Juvenile Justice and Delinquency Prevention sponsored a study which disclosed that juveniles are more likely to be the victim of a violent crime. "The risk of violence for a 29 year old in 1991 was less than one-half of that faced by a 17-year-old. The risk of violent crime varies substantially within the juvenile age groups. The risk of violent crime for a 17-year-old was 33% greater than the risk for a 12 year old." Of these victimizations, the 1991 study showed that only 20% were brought to the attention of law enforcement.

School Suspensions

From 1982 to 1995, there has been an increase of 1,036% in the total incidents of school suspensions from 11,794 incidents in 1990 to 133,961 in 1995. Reasons for suspensions as reported to the Department of Education include:

- absenteesim, tardiness and truancy;
- immoral, disreputable conduct;
- personal violence;
- fighting among students;
- damage to school property;
- alcohol use;
- drug use;
- theft, extortion or gambling;
- tobacco products; and
- firearm or dangerous weapon.

Suspensions for firearms skyrocketed 2,543% from 1982-83 to 1994-95.

SCHOOL SUSPENSIONS IN TENNESSEE

Percent of Change Over Time, 1982-83 to 1994-95

REASONS	1982-83	1994-95	Change
Firearms	19	502	2542%
Conduct	1,389	25,697	1750%
Violent Behavior	425	7,773	1729%
Fighting	1,899	25,326	1234%
Dangerous Weapons*	194	1,912	885%
Attendance	2,997	23,974	700%
Tobacco	1,701	11,065	550%
Theft/Gambling/Extortion	310	1,994	543%
Property Damage	217	1,183	450%
Illegal drugs	455	2,477	444%
Alcohol	285	697	145%
Other	1,903	31,379	1549%
TOTAL	11,794	133,961	1036%

*Excludes firearms
Source: Tennessee Department of Education

School Expulsions

Expulsions for firearms shot up 4,600% from 1982-83 to 1994-95. Overall, there has been a 1,171% increase in the number of students expelled from school from 1982-83 to 1994-95. The reasons for school expulsions are the same as those listed in this report for school suspensions.

Among the reasons for expelling a student from school, those reasons which have significantly increased from 1982-83 to 1994-95 include: firearms violations; absenteeism, tardiness, and truancy; immoral, disreputable conduct; personal violence; fighting among students; and possession of a firearm or dangerous weapon.

SCHOOL EXPULSIONS IN TENNESSEE

Percent of Change Over Time, 1982-83 to 1994-1995

REASONS	1982-83	1994-95	Change
Firearms	4	188	4600%
Attendance	6	246	4000%
Fighting	4	112	2700%
Dangerous Weapons*	7	107	1428%
Conduct	12	226	1783%
Tobacco	2	37	1750%
Violent Behavior	19	251	1221%
Alcohol	17	12	29%
Illegal Drugs	49	199	306%
Theft/Gambling/Extortion	4	11	175%
Property Damage	7	11	57%
Other	8	366	4475%
TOTAL	139	1,766	1171%

* Excludes firearms
Source: Tennessee Department of Education

Dropping Out

Tennessee Dropout Rate 48th Worst In Nation

Tennessee's dropout rate has declined 25% from school years 1990-91 (6.3%) to 1994-95 (4.7%). Although the state has made improvements in reducing the dropout rate, Tennessee ranks 48th worst in the nation in the percent of teens aged 16-19 who are high school dropouts, as reported in the 1995 *Kids Count Data Book: State Profiles of Child Well-Being*. Only Nevada and Louisiana rank lower than Tennessee.

High school dropouts, as reported here, are the percent of students who drop out of grades 9 to 12 in a calendar year. The rate is calculated by dividing the number of dropouts within the year by the net student enrollment at the end of the school year.

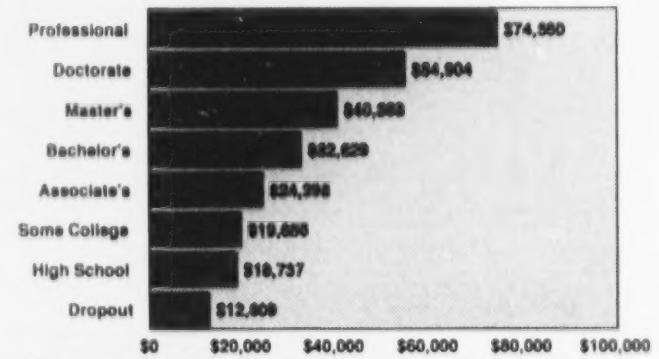
Change From Last Report:
BETTER
1992-93: 4.8 percent
1993-94: 4.7 percent

Dropping out of school is the last stage of a process that may go on for years. Long before students dropout, many of them develop behavior patterns which further hinder their education. Research on dropouts shows that dropouts disrupt classes, skip school, work long hours on a job, abuse drugs or alcohol, or become pregnant.

Students drop out for various reasons. Research on dropouts conducted in 1994 by the U.S. Department of Education's Office of Educational Research and Improvement reported students' reasons for dropping out were:

- got poor grades;
- got a job couldn't keep up with school work;
- couldn't get along with teachers;
- got pregnant;
- couldn't go to school and work at the same time;
- became a parent;
- was suspended;
- got married or planned to;
- was expelled;
- wanted to have a family; or
- had a drug or alcohol problem.

AVERAGE ANNUAL EARNINGS FOR ADULTS 18 AND OLDER BY LEVEL OF EDUCATION, 1992



Source: Bureau of the Census Statistical Brief, SB/94-17, August, 1994. "More Education Means Higher Career Earnings."

Dropouts face serious, long-term economic consequences resulting from their decision to quit school. They experience high job turnover, unemployment, and earn much less than their counterparts who complete high school or college. Compared to those who complete high school, the dropout unemployment rate (8.5%) in 1990 was almost twice as high as the unemployment rate for individuals with a high school diploma (4.9%), according to the 1990 U.S. Census.

Regarding income, dropouts earn less than their counterparts with a diploma. For example, during his lifetime, a male dropout will earn on average $260,000 less than a male high school graduate. A female dropout will earn $200,000 less during her lifetime than a female high school graduate, as stated in a 1994 report from the U.S. General Accounting Office.

Race is a variable that tends to be associated with dropping out, as stated in a 1995 report by the Tennessee Department of Education. Although white students represented the highest percentage of all dropouts - 67.5% in 1994 - they represent 78% of the population under 18. The African-American dropout rate was 31.5% although they represent only 20.7% of the population under 18. Other minority groups each represent less than 1% of the 1993-94 dropout population and are 1.1% of the population under 18.

Percent of High School (Grades 9-12) Dropouts, 1993-1994

School District	Number	Percent
ANDERSON CO	161	6.5
CLINTON (K-6)	0	0.0
OAK RIDGE	40	2.7
BEDFORD CO	112	6.3
BENTON CO	7	0.9
BLEDSOE CO	24	4.6
BLOUNT CO	52	1.7
ALCOA	43	11.2
MARYVILLE	6	0.5
BRADLEY CO	139	4.6
CLEVELAND	55	4.1
CAMPBELL CO	94	4.8
CANNON CO	37	6.4
CARROLL CO	0	0.0
H.ROCK-BRUCETON	3	1.2
HUNTINGDON	6	1.3
MCKENZIE	10	2.7
S. CARROLL	1	0.7
W. CARROLL	0	0.0
CARTER CO	66	3.7
ELIZABETHTON	21	2.5
CHEATHAM CO	50	2.7
CHESTER CO	11	1.6
CLAIBORNE CO	107	7.4
CLAY CO	6	1.5
COCKE CO	55	3.3
NEWPORT (K-8)	0	0.0
COFFEE CO	55	4.0
MANCHESTER (K-9)	1	0.8
TULLAHOMA	44	4.1
CROCKETT CO	25	3.6
ALAMO (K-6)	0	0.0
BELLS (K-6)	0	0.0
CUMBERLAND CO	150	8.4
DAVIDSON CO	1,046	5.7
DECATUR CO	46	6.8
DEKALB CO	40	4.5
DICKSON CO	118	5.4
DYER CO	14	1.8
DYERSBURG	39	3.2
FAYETTE CO	78	5.6
FENTRESS CO	13	5.2
FRANKLIN CO	85	4.8
GIBSON CO	0	0.0
HUMBOLDT	16	2.4
MILAN	25	4.1
TRENTON	6	1.6
BRADFORD	2	1.0
GIBSON CO. SPEC.	17	2.5
GILES CO	88	6.4
GRAINGER CO	62	5.8
GREENE CO	117	6.0
GREENEVILLE	49	5.6
GRUNDY CO	91	10.2
HAMBLEN CO	105	3.9
HAMILTON CO	192	2.9
CHATTANOOGA	261	5.3
HANCOCK CO	8	2.0
HARDEMAN CO	47	3.0
HARDIN CO	48	3.7
HAWKINS CO	79	3.6
ROGERSVILLE(K-8)	0	0.0
HAYWOOD CO	38	2.9
HENDERSON CO	86	6.4
LEXINGTON (K-8)	0	0.0
HENRY CO	42	2.6
PARIS (K-6)	0	0.0
HICKMAN CO	31	3.5
HOUSTON CO	20	4.7
HUMPHREYS CO	37	3.8
JACKSON CO	25	5.1
JEFFERSON CO	64	3.7
JOHNSON CO	27	3.4
KNOX CO	559	3.6
LAKE CO	24	6.4
LAUDERDALE CO	56	3.7
LAWRENCE CO	92	4.5
LEWIS CO	8	1.4
LINCOLN CO	94	6.5
FAYETTEVILLE K-9	0	0.0
LOUDON CO	46	4.4
LENOIR CITY	20	2.2
MCMINN CO	92	3.8
ATHENS (K-6)	0	0.0
ETOWAH (K-8)	0	0.0
MCNAIRY CO	66	4.7
MACON CO	53	5.7
MADISON CO	242	5.8
MARION CO	45	3.1
RICHARD CITY(K-8)	0	0.0
MARSHALL CO	61	4.5
MAURY CO	194	5.8
MEIGS CO	19	3.4
MONROE CO	105	5.5
SWEETWATER (K-8)	0	0.0
MONTGOMERY CO	188	3.4
MOORE CO	8	2.6
MORGAN CO	32	2.9
OBION CO	65	4.9
UNION CITY	16	3.0
OVERTON CO	31	3.3
PERRY CO	9	2.6
PICKETT CO	3	1.2
POLK CO	18	2.3
PUTNAM CO	43	1.6
RHEA CO	62	4.2
DAYTON (K-8)	0	0.0
ROANE CO	96	4.3
HARRIMAN	5	1.0
ROBERTSON CO	80	3.5
RUTHERFORD CO	383	5.1
MURFREESBORO (K-6)	0	0.0
SCOTT CO	73	7.0
ONEIDA	8	2.1
SEQUATCHIE CO	22	4.1
SEVIER CO	86	2.9
SHELBY CO	170	1.3
MEMPHIS	3,007	10.8
SMITH CO	30	3.6
STEWART CO	7	1.3
SULLIVAN CO	115	2.5
BRISTOL	21	1.7
KINGSPORT	17	1.0
SUMNER CO	190	3.2
TIPTON CO	106	4.1
COVINGTON (K-8)	0	0.0
TROUSDALE CO	9	2.6
UNICOI CO	28	3.4
UNION CO	24	3.3
VAN BUREN CO	7	2.7
WARREN CO	100	4.9
WASHINGTON CO	145	5.3
JOHNSON CITY	16	0.9
WAYNE CO	41	4.6
WEAKLEY CO	42	2.7
WHITE CO	64	5.7
WILLIAMSON CO	142	2.8
FRANKLIN (K-9)	0	0.0
WILSON CO	61	1.6
LEBANON	0	0.0
TOTAL	**11,789**	**4.7**

Source: Tennessee Department of Education.

Special Education

Previously Overlooked Students Now Targeted

During the 1994-95 school year, 171,832 children received special education services in Tennessee public schools, and an additional 927 children received services in state institutions. Eighteen percent of the total public school population received some special education service, a percentage which remained constant from school year 1993-94.

Children with learning disabilities received the largest percentage of special education services - 41%. A learning disability is a disorder, such as dyslexia, which causes difficulty in learning a basic scholastic skill. Services to children with speech impairment ranked second in the number of children served (15%). Third in ranking, gifted children received 11% of special education services.

Since the implementation of an early identification system in 1992-93, children aged two or younger, who had been previously overlooked, are now being targeted for services early in life when intervention is especially effective. Implementation of this program in 1992-93 precipitated a 13% increase in the number of children who received special education services that year.

Tennessee Early Intervention Services (TEIS) is an early intervention program offering free service coordination and assessment for eligible children aged two or younger with developmental delays. A developmentally delayed child is one who is functioning significantly below his chronological age in areas such as communication, cognition, physical development, social/emotional development, or in adaptive skills.

Child identification is the first step toward providing full and appropriate services for children with disabilities. Local school systems are required to identify, locate, and evaluate all children within their jurisdictions, ages birth through 21, who may be in need of special education and related services.

Early intervention is needed "to detect a child's disability prior to school age so that appropriate services can be provided for the child and, if warranted, for the family. Longitudinal research has demonstrated that the earlier a child's disability is identified and appropriate services are provided, the less extensive are the problems caused by the disability," according to the 1993 Special Education Manual developed by Tennessee Department of Education.

In 1994, TEIS provided services to 3,156 children. TEIS coordinated a variety of services such as transportation, respite care, occupational and physical therapy, and family training and counseling. Fifty-two percent of the children receiving service coordination from TEIS in 1994 received speech instruction, 47% received speech and language services, 45% received social work services, and 41% received physical therapy. These services are accessed through nine "points of entry" located in each of the planning and development districts across the state.

Percent of Students* Receiving Special Education, 1993-94

School District	Number	Percent
ANDERSON CO	1,962	26.8
CLINTON (K-6)	282	24.1
OAK RIDGE	1,359	27.4
BEDFORD CO	1,155	18.8
BENTON CO	501	18.2
BLEDSOE CO	513	28.6
BLOUNT CO	2,362	21.4
ALCOA	219	14.3
MARYVILLE	679	17.5
BRADLEY CO	1,673	17.6
CLEVELAND	1,121	21.6
CAMPBELL CO	1,276	19.0
CANNON CO	363	18.5
CARROLL CO	0	0.0
H.ROCK-BRUCETON	152	17.3
HUNTINGDON	291	19.4
MCKENZIE	317	21.4
S. CARROLL	87	20.1
W. CARROLL	226	19.0
CARTER CO	1,588	25.1
ELIZABETHTON	586	23.0
CHEATHAM CO	852	13.3
CHESTER CO	388	15.4
CLAIBORNE CO	1,080	20.7
CLAY CO	244	18.5
COCKE CO	1,002	20.5
NEWPORT (K-8)	180	21.7
COFFEE CO	857	21.4
MANCHESTER (K-9)	322	25.0
TULLAHOMA	847	23.9
CROCKETT CO	262	14.7
ALAMO (K-6)	135	24.4
BELLS (K-6)	55	16.5
CUMBERLAND CO	1,087	16.5
DAVIDSON CO	11,031	14.7
DECATUR CO	466	23.9
DEKALB CO	350	12.4
DICKSON CO	1,619	20.6
DYER CO	955	26.5
DYERSBURG	582	16.5
FAYETTE CO	968	18.8
FENTRESS CO	433	17.4
FRANKLIN CO	1,247	19.3
GIBSON CO	0	0.0
HUMBOLDT	337	13.6
MILAN	400	18.8
TRENTON	239	17.3
BRADFORD	127	18.8
GIBSON CO. SPEC.	389	17.2
GILES CO	1,011	20.3
GRAINGER CO	632	18.8
GREENE CO	1,895	28.1
GREENEVILLE	638	24.2
GRUNDY CO	827	30.9
HAMBLEN CO	2,176	22.5
HAMILTON CO	4,872	18.8
CHATTANOOGA	3,056	12.0
HANCOCK CO	278	20.8
HARDEMAN CO	1,073	20.0
HARDIN CO	852	20.2
HAWKINS CO	1,396	20.0
ROGERSVILLE(K-8)	89	13.4
HAYWOOD CO	567	13.6
HENDERSON CO	809	22.0
LEXINGTON (K-8)	184	23.1
HENRY CO	730	19.0
PARIS (K-6)	300	21.4
HICKMAN CO	813	25.5
HOUSTON CO	247	17.2
HUMPHREYS CO	488	15.8
JACKSON CO	257	16.0
JEFFERSON CO	1,042	17.3
JOHNSON CO	490	18.7
KNOX CO	10,346	18.6
LAKE CO	175	14.2
LAUDERDALE CO	1,076	20.2
LAWRENCE CO	1,206	17.1
LEWIS CO	310	15.8
LINCOLN CO	731	15.7
FAYETTEVILLE K-9	173	14.9
LOUDON CO	951	21.0
LENOIR CITY	252	13.3
MCMINN CO	1,368	22.4
ATHENS (K-6)	552	26.7
ETOWAH (K-8)	112	33.9
MCNAIRY CO	700	16.4
MACON CO	407	12.5
MADISON CO	2,561	16.9
MARION CO	958	19.7
RICHARD CITY(K-8)	39	11.6
MARSHALL CO	900	18.7
MAURY CO	2,038	17.0
MEIGS CO	502	29.7
MONROE CO	687	13.5
SWEETWATER (K-8)	329	26.4
MONTGOMERY CO	3,374	15.6
MOORE CO	145	14.5
MORGAN CO	766	21.5
OBION CO	872	20.2
UNION CITY	178	10.8
OVERTON CO	760	24.4
PERRY CO	229	19.2
PICKETT CO	135	15.5
POLK CO	474	20.1
PUTNAM CO	1,612	16.5
RHEA CO	608	14.6
DAYTON (K-8)	112	14.8
ROANE CO	1,253	19.1
HARRIMAN	517	26.6
ROBERTSON CO	1,918	20.7
RUTHERFORD CO	3,572	16.4
MURFREESBORO (K-6)	1,038	19.8
SCOTT CO	527	15.7
ONEIDA	143	11.9
SEQUATCHIE CO	530	31.5
SEVIER CO	2,043	19.5
SHELBY CO	7,773	16.8
MEMPHIS	13,465	11.8
SMITH CO	333	10.9
STEWART CO	348	19.2
SULLIVAN CO	4,071	28.0
BRISTOL	663	16.1
KINGSPORT	1,370	21.6
SUMNER CO	5,039	23.9
TIPTON CO	1,637	18.1
COVINGTON (K-8)	201	17.2
TROUSDALE CO	172	14.3
UNICOI CO	794	27.8
UNION CO	559	20.1
VAN BUREN CO	183	21.2
WARREN CO	1,351	20.0
WASHINGTON CO	1,592	18.7
JOHNSON CITY	830	12.6
WAYNE CO	690	23.0
WEAKLEY CO	768	14.2
WHITE CO	696	18.4
WILLIAMSON CO	2,798	18.7
FRANKLIN (K-9)	770	20.5
WILSON CO	1,711	14.6
LEBANON	405	15.8
TOTAL	**163,288**	**17.7**

*Includes gifted students.

Note: The number column represents the net enrollment for 1993-94.

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Glossary

Births Lacking Adequate Prenatal Care is the percent of births which have inadequate or intermediate prenatal care measured by the Kessner Index. The Kessner Index is a scale of adequacy of prenatal care based on standards of the American College of Obstetricians and Gynecologists. This index of adequacy of prenatal care is based on the number of prenatal visits adjusted for gestational age.

Child Abuse and Neglect Rate is the number of cases per 1,000 children under 18 years old in which someone causes foreseeable and avoidable injury or impairment to a child or contributes to the unreasonable prolonging or worsening of an existing injury or impairment in a child.

Child Death Rate is the number of deaths per 100,000 children aged 1-14 from all causes. The data are reported by residence. This rate may appear excessively high in counties with small populations although few child deaths occurred.

Children Receiving AFDC is the percent of children under 18 years old who received financial support from Aid to Families with Dependent Children (AFDC) which provides subsistence-level income for children and families.

Children Referred to Juvenile Courts is the percent of children under 18 years old who are referred to a juvenile court. There are four categories of reasons for referrals. The first category includes offenses against persons, offenses against property, illegal conduct, and violation proceedings. The second category includes status offenses such as running away, truancy and unruly or ungovernable behavior. The third category involves issues affecting the safety and well-being of the referred child such as abuse, dependency, neglect, termination of parental rights, etc. The fourth category includes judicial actions taken on behalf of the child or upon request of the child and parent or guardian.

Commitments to State Custody are court orders issued by a juvenile court judge or referee giving legal custody of a child to the state. Children may be committed by a juvenile court to the custody of the Department of Education (Tennessee Preparatory School), the Department of Human Services, the Department of Mental Health and Mental Retardation, the Department of Youth Development, or committed on a Juvenile Court Commitment Order (JCCO).

Children Remaining in State Custody are children under 21 years old who are in the legal custody of the state on June 30, the last day of the state fiscal year.

High School (Grade 9-12) Dropouts is the number of dropouts per 100 students of grades 9-12 in a calendar year from June to June (the school year and preceding summer) divided by net enrollment at the end of school year. The number of dropouts is collected and reported by school systems utilizing the Tennessee School Register (TSR).

Infant Mortality Rate is the number of deaths of per 1,000 live births of infants under one year of age. The data are reported by residence.

Low-Birth-Weight Babies is the percent of live births recorded as low-birth-weight babies who weigh under 2,500 grams (5.5 pounds) at birth.

Per Capita Income by County is the per capita personal income for a county.

Sexually Transmitted Disease Rate is the number of teens aged 15-17 per 100,000 who were diagnosed with sexually transmitted diseases.

Students in Special Education is the percent of students in Tennessee school systems who received special education services. This group includes gifted children as well as children with learning disabilities, mental retardation, speech or language impairment, emotional disturbance, autism, health impairment, physical impairment, hearing impairment, visual impairment, deafness, blindness, multiple disabilities, functional retardation, developmental delay, or traumatic brain injuries.

Teen Pregnancy Rate is the number of live births, reported fetal deaths, and induced terminations of pregnancy per 1,000 women aged 15-17.

Teen Violent Death Rate is the number of deaths per 100,000 of teens ages 15-19 from homicide, suicide, and accidents.

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The Tennessee Commission on Children and Youth

The Tennessee Commission on Children and Youth is an independent state agency that advocates for improvement in the quality of life of children and families; collects and disseminates information on children and families for the planning and coordination of policies, programs and services; and administers and distributes funding for teen pregnancy prevention programs and for improvements in juvenile justice.

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